#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11653

1	-4	1000		CERTIFIC	AIE	OF DEATH					
1	PLACE OF DEATH	1000				USUAL RESIDENCE (W	here deceased	d lived. If institution	on: Reside	ence before ad	lmission)
1 3	o. COUNTY	Prince Georg	es	MARYLAN	ND D	Maryl Maryl	and	b. COUNTY		Prin	ice Geo
		f outside corporate limits,	write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	JRAL ond	give nearest	town)
	RURAL ond give no	verly		3 days		Hvatt	sville				
		'AL (If not in hospital, give	e street oc	idress)		d. STREET ADDRESS					RESIDENCE
1		orges Genera	1 Ho	spital		3900 Ham	ilton	Street			S NO X
3.	NAME OF DECEASED	First		Middle	T	Last	4. DATE	Mon	th	Day	Year
	(Type or print)	Wils	on			Althaus	OF DEATH	Oct	ober	26	19 60
S.	SEX	6. COLOR OR RACE 7	- MARRIE	DE NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDE Months	R 1 YEAR IF U	
	Male	White v	VIDOWED	DIVORCED [		4 Mar 1089		71 yrs.	Months	Days Ho	ours Min.
10	o. USUAL OCCUPATIO	ON (Give kind of work do king life, even if retired)	ne 10b. Kl	IND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CI	TIZEN OF WH	AT COUNTRY
	Retired	909	rco (	Company		Maryla	nd			USA	
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				8.00
	Willi	am Althaus				?					
	. WAS DECEASED EVE	R IN U. S. ARMED FORCE	57 16. SC	OCIAL SECURITY NO.	7. INFOR	MANT		Adde	ess		
1,	os, no, or unknown;	n		14 09 7505	Ruby	Althaus	Hya	ttsville	Md.	5.05	
	18. CAUSE OF DEA	ATH [Enter only one cous	e per line	for (o), (b), and (c).]						INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Co	rozeny a	sters	, ocelur	. ron			UNSET 2	AND DEATH
	1 420	A PUE TO		/							
	Conditions, if o	ny, which }	211	enosclaro	he	heart (	2010	re cut	<	14	4
	gove rise to i	mmediate DUE TO	nea	enoscloro	106.8	e 12 Laso	21	TO CLIP IN			1
	lying couse lost.	(c)_		1		1					
NO.	PART II. OTH	HER SIGNIFICANT CONDI	TIONS CO	INTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 19. W	VAS AUTOPS
CATION											NO [
CERTIFI	20a. ACCIDENT WA	AS UNDERLYING 2	Ob. DESCR	RIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Por	t II of item 18.)			
· .	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Year				OF INJURY (Home, for street, office bldg., etc.		or town)	49.15	(County)	(Stote
MED	Hour o. m. p. m.	19	While of work	Not while ot work	100,017,	areo, orrice brag., er					
	21 I certify the	at (I) (this haspital).	attende	d the deceased fro	m 70	Les 18At 15	57 ta	Cet 26 de	19	68 that	(I) (we) las
	saw the deceas		266			n accurred at 2	1 -1				
	220. SIGNATURE	0		/ dild iii	ur acar	- Caconica da la		me eduses an	u 011 11	10 0010 310	22b. DATE
	Von	The feen or	60		M.D.	ATTENDING N	AED.	STAFF PHYS.			SIGNE
	22c. PHYSICIAN'S NAME (Type)	*	Chief.	-500 A Service	J.F. Ibi	22d. ADDRESS			,	10 0	
	Dr	. Teil Berge	emann	., MdD.	1 44	4314 Gale	la fun f	& Hyath	rece	M. 0	
23		N. 23b. DATE THEREOF		23c. NAME OF CEMETE	RY OR CR	EMATORY V	23d. LOCA	TION (City, town,	or county	)	(Stote)
	REMOVAL (Specify) Burial	Oct 28,	1960	Ft Linco	ln C	emetery	Colm	ar Manor	. Md		
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS Hya		25g. REC	D BY REGIST	TRAR 2Sb. REGI	STRAR'S	GIGNATURE	
	E /	- 1/2	7	and bloom		DATEOC	T 2 7 '6	and	two d.	Maria	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus ofter death. Page 4 by the funeral directar, d 2 shauld be filed with may be ratioted by the haspital ar attending physician.

TO FUNE: SIRECTOR: After this certificate has been signed by the attending physician ond campletely filled page 3 shalld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

Approximately the second of th the eld western member were about the bill on the rank restant transfer Country and 100 . I to 100 . It is 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5 91) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution:

11654

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince George County a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town). RURAL and give nearest town) Weeks Cheverly Washington.D.C. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Convalescent Home 2505 M Street.S.E. Ad-Sacorda YES NO TO NAME OF DECEASED First Middle DATE Month Day Year 1960 (Type or print) DEATH EVA ALVEY 20 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Aug 9. AGE (In years last birthday) Months Days 886 Female WIDOWED F DIVORCED | White Ida. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ret. Gov't. Clerk Gov't, Printing USA Wash. DC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Beach Florence Hamilton (Hammell) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sheridan Street Violet Nome 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour O. ft. While Not while p. m. at work at work 21. I certify that I attended the deceased from, 196 Othat I last saw the deceased , and that death occurred at 320 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Frank M. Trozzo, Jr. 22c. NAME OF CEMETERY OF CHEMATOR 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) 60 Cedar Hill Suitland . Maryland Buria. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR T.Ryan, Inc. 317 Pa.Ave. SE DATE OCT 2 4 '60 arthur & Trans

with l director, filed with Page within 24 hours ofter death. funeral pe ploods filled Pages papers. death. 1 2 burial-transit prior 0 FUNER the regist page 0 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18
and the same	CERTIFICATE OF DEATH
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Page 4		director,	led with	
G PHYSICIAN: The law requires that the death certiticate be executed within 24 hours after death. Page 4		er this certificate has been signed by the attending physician and campletely filled in by the funeral director,	far use as the burial-transit permit. Then please remave carban papers. Pages 1 24d 2 shauld be filled with	-
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thin 24		ly filled	Pages 1	death.
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e pe exe		on and	carban p	in 72 ha
ertificat		g physici	remave	vent with
death o		attending	please	in any e
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LIAN:	Hending	lificate !	the but	ial, crem
PHYSI(	pital ar attending physician.	this cer	ar use as	iar ta burial, crematian, ar remayal, and in any event within 72 haurs after death.
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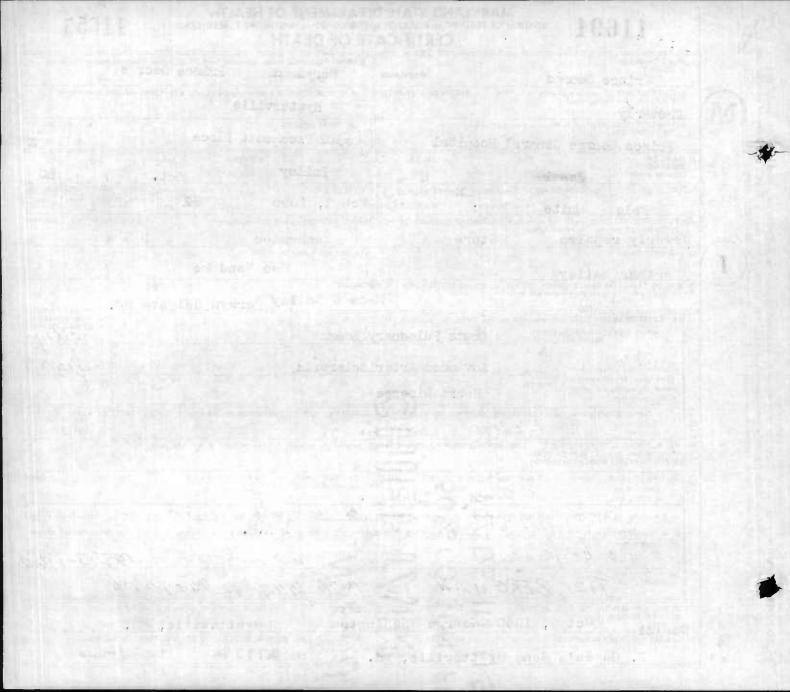
11691

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11655

1. PLACE OF DEATH o. COUNTY	e George		MARYI		o. STMary.	nce (Who	ere decease	d lived. If instituti Primænd	ion: Reside	nce befo	ore admiss	ion)
b. CITY OR TOWN (I RURAL ond give no Chever ly	f outside corporate limi eorest town)	ts, write c. LE	ENGTH OF STAY I	IN 1b	c. CITY OR TO	WN (If or	utside corpo	prote limits, write F	RURAL ond	give ne	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADI		sett I	Place	1 -1			IDENCE FARM?
3. NAME OF	Fir		Middle	- 11	Lost		4. DATE	Moi	n th	Do		Year
DECEASED (Type or print)	Jesse		Н		Bai	ley	OF DEATH	Oct		7		160
s. sex	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE DIVORCED	177	eb 2,	1899		9. AGE (In years day) yrs.	Months		Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIO	CAR STORY OF THE	done 10b. KIND	OF BUSINESS OF	RINDUSTRY	11. BIRTHPLAC	CE (Stote	or foreign c	ountry)	12. CI	TIZEN O	FWHATC	OUNTRY?
Jewerly re		Stor	e		Ten	ness	ee		US	A		
13. FATHER'S NAME		3.3	RELATION	1	14. MOTHER'S N	AAIDEN N	AME					
Arthur	Railey					Sue	e Van	dyke				
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIA	AL SECURITY NO.						Iress			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Mad	la G Ba:	iley	Berw	yn Heigh	ts M	d.		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Conditions, if ony, which gove rise to immediate (c)  Heart Disease  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								RT 1(o)	19. WAS . PERFO	RMED?		
PART II. OTH	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
Y 20c. TIME OF INJUR Hour o. m. p. m.												
saw the deceas	21. I certify that (I) (this hospital) attended the deceased fram. Oth 14 . 1956, to Och 74 . 1961, that (I) (we) last saw the deceased alive on Och 1860, and that death accurred at 1 . A Mean the causes and an the date stated above.											
166						M.D. PHYS. MED. STAFF OF 7-1960						
22c. PHYSICIAN'S NAME (Type)	TIL BE	RGM.	AN	51	22d. ADDRESS	Palle	#	1. 440 p	100	les		
230. BURIAL, CREMATIC REMOVAL (Specify)			NAME OF CEME					TION (City, town,	, Md.		(Stot	e)
24. FUNERAL DIRECTOR	s signature asch's Son		ADDRESS	Md.			CT 1 3		ISTRAR'S S			

VR A1S (4) 1SM 9/S9



by the funeral directar, a 2 shauld be filed with

#### MARYLAND STATE DEPARTMENT OF HEALTH

11656

22b, DATE SIGNED 60

1	1692	1014 01 3	CERTIF	ICATE	OF DEATH	I I	AKILAND	1	1656
1. PLACE OF DEATH	ce George's		MARY	LAND 2	USUAL RESIDENCE (W				efore admission) George S
b. CITY OR TOWN RURAL ond give Chever.	N (If outside carporate lime e nearest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF Hyattsvil)		te limits, write RL	JRAL and give	nearest town)
OR INSTITUTIO	SPITAL (If not in hospitol, on George's				d. STREET ADDRESS 4006 Hamilt	ton Stre	et /		e. IS RESIDENCE ON A FARM? YES NO IL
3. NAME OF DECEASED (Type or print)	Min	nie	Middle M		lost B <b>aird</b>	4. DATE OF DEATH	Octob		Doy Yeor 2 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARRII	DIVORCE		2-27-1874	9	AGE (In years last birthday) OO yrs.	Months Day	AR IF UNDER 24 HRS
during most of v	ATION (Give kind of work working life, even if retired ISEWIFE	1)	ind of business of the Home	R INDUSTR	Pennsylva		ntry)		OF WHAT COUNTRY
73. FATHER'S NAME C1	narles A Mi	ller			4. MOTHER'S MAIDEN Clara	F Seit	ring		
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FO	service)	OCIAL SECURITY NO		rmant ncelia M B	aird H	Addr yattsvi		d.
Conditions, i gave rise to couse (o), stoti	immediate DUE To	o Arl	ente?	otic	Heart of	Here	CONDITION GIVE	/	Years
20g. ACCIDENT	was underlying	well	situs	0.2325	Enter noture of injury in			EMINALMO	PERFORMED? YES NO
(IF EITHER, NOT 20c. TIME OF IN Hour o.	JURY Month, Day, You	20d. IN While of work	JURY OCCURRED  Not while at work		OF INJURY (Home, fari y, street, office bldg., et		r town)	(Caun	ty) (Stote
	21. I certify that (I) (this hospital) attended the deceased from Febr. 1950, to 10-2, 1960, that (I) (we) last sow the deceased alive an 10-2 1960, and that death occurred of 47M, from the couses and on the date stated above.								
220. SIQUATUR	aid the	, och	ulun	M.D	ATTENDING PHYS.	KED.	STAFF PHYS.		22b. DATE SIGNED
22c PHYSICIAN NAME (Typ	S.F		SCHER	3	22d. ADDRESS 1432 QU	EENS	CHAP	ELA	of HYBUS
23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b, DATE THERE	0F 1960	23c. NAME OF CEM Ft Linco			23d. LOCATIO	on (City, Iown, our Manor		(Stote)
24. FUNERAL DIRECT	or's signature Gasch's Son	s Hya	ADDRESS ttsville,	Md.	250. REC	D BY REGISTRA		TRAR'S SIGNA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNER TRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 structures and campletely filled page 3 structures are some for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59

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	Violation I	
TO THE REAL PROPERTY OF THE		
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VS. A15ME(5

5M 9/55

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1.4000	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
11693	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11657

Rea. Dist. No ) PLACE OF DEATH 2. USUAL RESIDENCE (Where theceased lived. If institution: Residence beface admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR-TOWN IIf outside corporate limits, write RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN Lift obtside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR/INSTITUTION (If not in hospital/give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Day Year DECEASED (Type or print) 19 6 5. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH MARRIED TI 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Manths Days Haurs WIDOWED | DIVORCED [ yrs. 10a. USUAL OCCUPATION (Gine kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during/most of vyorking life, even if retired) BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per ine for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc. Hour While Not while o. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry , and find that Inspection 1 death resulted from: Natural causes , Accident Suicide Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) TY, MEDICAL EXAMINER DE 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) -18-60 Ft Lincoln Bladenshurg ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthon S. Kraus DATE OCT 1 8 '60 Lee Funeral Home - Washington D.C.

STOLL A fire the same of 

# FOR STATE Aral director. Page of for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any blease of the the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the five 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refact TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cemation, or removal and in any event within 72 hours after death

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11733 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11658

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence before edmission)
	. COUNTY Prince Gear aer MARY	LAND 8. STATE Maryland COUNTY
1	b. CITY OR TOWN (if outside corporate mits,	Y IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and gift neerast town)
1	write RURAL and give nearest town)	the Lorand
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat add	ess) d. STREET ADDRESS   e. IS RESIDENCE
	Central avenue	Control anews YES NO P
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Propries	Remott DEATH Out 22 1960
	S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIE	The state of the s
	male while widowed DIVORCE	1 1 2 1 2 3 last birinday   Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OF	
	dona during most of working life, eyes thereined)	756
	W FATHER'S NAME	Halin Virginia 14.0.
Я		14. MOTHER'S MAIDEN HAMED
П	John & Jenner	1. Lerce
3	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY N (Yes, no or unknown) (Ifyesgive war or dates of service)	O. 17. INFORMANT
9	230-16-036	I annie milored Dennell Pavadele m
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	failure
	DUE TO	A 1 1 2 -
	Conditions, if eny, which (b) Currho	or of the siner
	geve rise to immediate cause (a), stating the underlying DUE TO	D
	cause lest.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	YES NO
А		CURED. (Enter natura of injury in Part I or Part II of item 18.)
	CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) factory, streat, office bldg., etc.)
8	Hour a.m.  p.m.  19  While Not While at work at work	factory, streat, office bidg., etc.)
7	21. I certify that I took charge of the remains described at	pove, held an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes Accident	Suicide , Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL )	ASSISTANT MEDICAL EXAMINER DATE SIGNED
9	SIGNATURE	M.D.
	EXAMINER'S LAW & T BOUND	Address (Street, city, town, or county)
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEN	AETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial Oct. 26.1960 Cedar H	ill Cemetery Suitland, Maryland,
1	23. FUNERAL DIRECTOR ADDRESS	ill Cemetery   Suitland, Maryland,
		lale, Md. DATE OCT 25'60 Chilling S. Kraus
	" " " TITATIONELD OO . ILLAGIC	DATE OF LOCAL TO A STATE OF THE

THE RESERVANT OF THE PROPERTY Earth Cot.26,1960 Geder Hill Cemetery Enitiend, Maryland. Mark CHAMBERS CO. Sivercale, Mc. 15 and 28'N Core 2 Mark

MEDICAL EXAMINER'S 1. PLACE OF DEATH a. COUNTY director. Page a. STATE is necessary Prince George MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Nour write RURAL and give nearest town) Accokeek d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, Pol d. STREET ADDRESS Livingston Road NAME OF Middla DECEASED OF (Typa or print) DEATH BLANDFORD THONY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED Dec. Male 6 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (81-16 10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) Bartender-Owner Resturant Picatway 13. FATHER'S NAME Thomas Sidney Blandford Emm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes giva war or dates of servica) Yes. Claude S. WW II 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial "gnibneq gave rise to immediate causa DUE TO (a), stating the underlying 88 causa last. cremation, CERTIFICATION pinous 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING forwarded to the Chief L DIRECTOR: Page 3 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [] Inspection Suicide 1 Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD, M.D. NAME (Typa) Addrass (Street, city, town, or county) shour 22a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify 40 VS. A15ME 3 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Prince George c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) Accokeek e. IS RESIDENCE ON A FARM? YES NO Livingston 19 October 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. Emma Theresa Carroll 3821 Newark Rd. Colmar Manor, Md. ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.)

20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County (Stata) and in my opinion Undetermined manner

11, 1960. October

DATE SIGNED

22d. LOCATION (City, town, or country) (State)

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

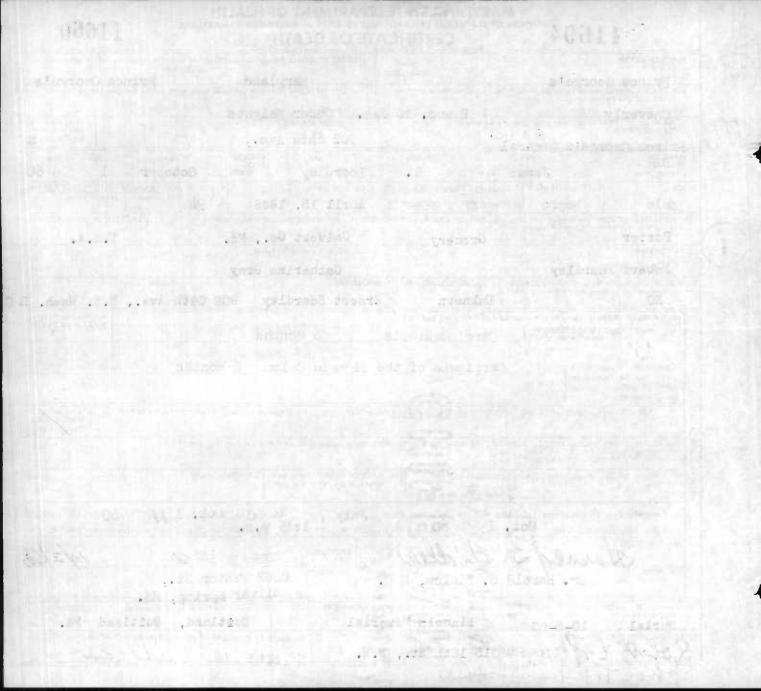
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S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, pleass	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shar		TO FUN, I. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regist. Prior ta burial, crem	
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		1.1	11 12		STATE DEPARTM AL EXAMINER				18 11 Reg. Dist. No	661		
)	1.	1. PLACE OF DEATH C. COUNTY PRINCE GEORGES MARYLAND				2. USUAL RESIDENCE ( o. STATEMARYIJ		sed lived. If institut b. COUNTY	and the same of th	fore admission) GEORGES		
	b	ond give negreet few CHEVERLY	foutside corporate limits, w n)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNIVERSIEY PARK						
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street as PRINCE GEORGES GENERAL HOSPITAL					d. STREET ADDRESS 6705 COLES	SVILLE	RD.	1	o. IS RESIDENCE ON A FARMA YES NO P		
		NAME OF DECEASED (Type or print)	WALTER	irst	Middle D.	Bodecker	4. DATE OF DEATH	Month 10	දි	Year 60		
		MALE	6. COLOR OR RACI	WIDOWI				9. AGE (In years lost birthday) 72 yrs.	IF UNDER TYEAR Months Days	IF UNDER 24 HRS. Hours Min.		
1		ENGRAVE	ON (Give kind of woring life, even if retired R-RETTRE)	done 10b.	REAU OF ENGI	RAVING PENI	ADITARI	OUNTRY)	12. CITIZEN O	F WHAT COUNTRY?		
	/	DAN:				14. MOTHER'S MAIDEN UNKNOWN	NAME					
	15. (Yes.	NO unknown)	/ER IN U. S. ARMED F (If yes, give wor or dates of	of service)		MFORMANT AUGHTER) FAY	CARLEN	NE TILP	Teleficial			
			underlying DUE TO	Con	enary The	enosis Lenosis	7)	alas	INTEGNS	TAND DEATH		
)	CERTIFICATION				ONTRIBUTING TO DEATH BUT				2	9. WAS AUTOPSY PERFORMED? YES NO M.		
		20g. EXTERNAL CAPRIMARY () or CO	NTRIBUTING	20b. DESCRI	BE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Part II	of item 18.)				
	MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Y	Whi		ACE OF INJURY (Home, for ctory, street, office bldg., etc.		y or town)	(County)	(State)		
7	4	The state of the s	hat I took charg I fram: Natura		remains described ab	ave, held an Autap picide [], Hamicid	, L.	nspection <b>X</b> , ndetermined co		, and find that		
		ACTUAL SIGNATURE	affor (	Mer	elten	M.D. CHIEF MEDICAL E	_			DATE SIGNED		
		EXAMINER'S NAME (Type)	DAYTON O	WATK	INS	DEPUTY MEDICAL			10-2	1-6i		
	22a	BURIAL CREMATIC REMOVAL Specify	10/24	11 -	Ft. Lincol	r Crematory	22d. LOCA	TION (City, town, o	ge. Md.	(State)		
	23.	The S.H	r's signature • Hines (	Co.	290 Portish th Standard Washington	N W 240. REC	TO BY REGIST	TRAR 24b. REGIS	TRAR'S SIGNATU	RE		

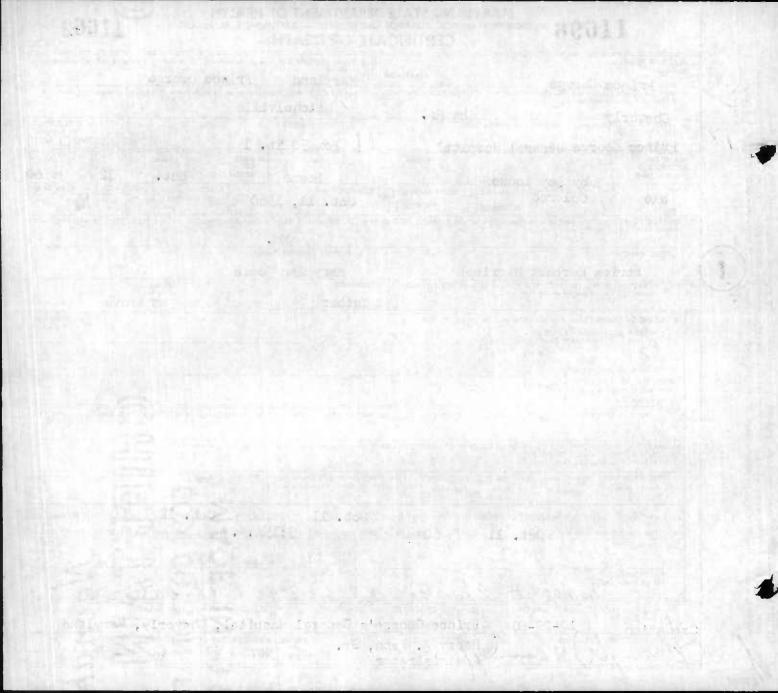
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#### MARYLAND STATE DEPARTMENT OF HEALTH 11696 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11662

1 1	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased	lived If institution	on: Residen	ce befo	re admissi	on)
	o. COUNTY	MARYLAND	a. STATE		b. COUNTY		ice belo		011)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	17 **	c. CITY OR TOWN (If o	utside corpore	ote limits, write R		give nec	rest town	)
,	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION		d. STREET ADDRESS						DENCE FARM?
2 1	Prince George General First		Box 50 Rt	4. DATE	44	.1			
-	OFFICE SED (Type or print)  Baby Boy Boone	Middle	Boone	OF DEATH	Oct	•	12	1	9 60
5. 9	sex ale 6. cotor or race 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	Oct. 11, 19		P. AGE (In years lost birthday) yrs.	IF UNDER Manths	1 YEAR Days	IF UNDE	Min.
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote Md		uniry)	12. CITI	IZEN OF	WHATC	OUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
	Patrick Herbert Har	rison	Mary Ann	Roone					
	WAS DECEASED EVER IN U. S. ARMED FORCES? 10		FORMANT	200110	Add	ress			
(Yes	s, no, or unknown) (If yes, give wor or dates of service)		Mother		a	s abo	ve		
-	1B. CAUSE OF DEATH [Enter only one couse per	line for (a) (b) and (a) ]	Tionioi			0 000		ERVAL BE	TWEEN
NO	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse last.    DUE TO   DUE TO   DUE TO   DUE TO   County   DUE TO   DUE	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PAR	r 1(a) 1	9. WAS A	AUTOPS)
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DE	ESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in F	Part 1 or Port	II of item 18.)			PERFO	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	Haur o. m. Whi	L	CE OF INJURY (Home, form tory, street, office bldg., etc.		or tawn)	(4	County)		(Stote
	21. I certify that (I) (this haspital) after saw the deceased alive an October 1 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Thomas A.	19_60and that d	eath accurred at3:1	SA Me				stated	
	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	Prince George	s General Ho	Contract Contract	ON (City, town, Chever	- "	Mary	(State	=)
	PRIRAL DIRECTOR'S RIGHATURE	Herry W. Penn	250. REC'I	D BY REGISTE	AR 25b. REGI	STRAR'S SI	GNATU	RE	
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	1. 6	PLACE OF DEATH	Prince Geor	ges.	MARY	rland .	2. USUAL RESIDENCE (	Where dece	ased lived. If institu		ence bel	_	ssion)
}	b		(If autside corporate limits, writen)		c. LENGTH OF STAY		c. CITY OR TOWN (	If autside co	rporate limits, write	RURAL on	d give n	eorest to	wn)
	d	801 8th	st	If not in ho	spital, give street oddre	18)	d. STREET ADDRESS 801	8th S	St			ON	A FARM?
	- 1	NAME OF DECEASED (Type or print)	JOSEP	st	H. Boi	PN	STEIN	4. DATE OF DEATH	Montl OCTOE		Doy 31		9 60
	5. S	nale	6. COLOR OR PACE	WIDOWE	ED NEVER MARRIED UNKDIVORCED		25 Dec 191		9. AGE (In years fast birthday) yrs.	IF UNDER Months	Days	Hours	ER 24 HRS. Min.
	d	Soldie	ing life, even if retired)	dane 10b.	US Army	INDUSTI	11. BIRTHPLACE (Stor	e or fareign	country)	12. CIT	US.		COUNTRY
		FATHER'S NAME	Unk		52.		14. MOTHER'S MAIDEN	Unk					
	15. (Yes,	WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	Unk		rsonnel Rec	ords	Ft Geo (	G. Mea	ade,	Md.	
	7	Canditions, if gave rise to imme (a), stating the couse last.	underlying DUE TO	)	Unknown	M RIOT AL	OT RELATED TO THE TERA	AINIAI DISEA	SE CONDITION CIV	VENT INT O A D	ONSE	VAL BETWI	ATH
1	AL CERTIFICATION	200. EXTERNAL CAPRIMARY   or CC	AUSE WAS DITRIBUTING 1	0b. DESCRIB	E HOW INJURY OCCUI	RRED. (Er	nter nature of injury in Pa	ort I ar Part	II of item 18.)				NO [
	MEDICAL	Hour a.m.		Whil		focto	E OF INJURY (Home, far ry, street, affice bldg., et	m, 20f. (Ci	ty ar town)	(Co	unty)		(Stote)
			that I tack charged from: Natural  Dayton  DAYTO		A Print of the last of the las		M.D. CHIEF MEDICAL I ASSISTANT MEDICAL DEPUTY MEDICAL	EXAMINER [	IER 🗌	Inquir cause [F	ŕ"	DATE S	find tha
	220	BURIAL CREMAN BENGUAR (Specifi PINOVE) FUNERAL DIRECTO	ON, 22b. DATE THEREOF If 1 / 6 C RESIGNATURE—56 BALALZ RA	of Frince Bal	Torg TAN Jorg TAN DESHOT	ERY OR	Chapel	Che D 8Y REGIS		or county)  PAOC STRAR'S SIC			illa

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1.8 3.14			

### TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, 2 shauld be filed with RECTOR: After this certificate has been signed by the attending physician and campletely filled in Pages 1 Then please remave carban papers. death prior to burial, cremation, ar remaval, and in any event within 72 haurs after d be detached far use as the burial-transit permit. ined by the haspital ar attending physician. TO FUNERA page 3 shiers

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18	3
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Lanham			4 Years		Lanham		- PY			15	
Hickory	ITAL (If not in hospitol, s	ive street	oddress)		d. STREET ADDRESS Hickory Hi	ll Av	e. /				FARM?
3. NAME OF DECEASED (Type or print)	ALMA Fit	st	ARENA Middle		BOST Lost	4. DATE OF DEATH	Oct. Mor	1 <sup>th</sup> 1	7 Do	,	Yeor 60
S. SEFemale	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED  ED DIVORCED	_	26 Mar. 09		9. AGE (In years 5 hist birthdoy) yrs.	IF UNDI Months		Hours	ER 24 HRS Min.
10a. USUAL OCCUPAT during most of wo HOUSE W1:	ION (Give kind of work king life, even if retired	done 10b.	Own Home	INDUS	TRY 11. BIRTHPLACE (Stote Maryland	or foreign	country)		U.S.		COUNTRY
13. FATHER'S NAME Edwin We:	lsh				Mary A. Ma		rd				
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.		rry N. Bost	(Hus	Addband) S	ame	as #	2	117
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	)	Epilep	te	onia.					ERVAL BE	
PART II. OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	VEN IN PA	ART 1(o) 1	PERFO	AUTOPSY ORMED?
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREC	. (Enter noture of injury in	Port I or Po	rt II of item 18.)	53			
ZOc. TIME OF INJU Hour o. m.	10	While	Not while		CE OF INJURY (Home, form lory, street, office bldg., etc.		y ar town)		(County)		(Stote
21. I certify to alive an	10/12 ffei K.c HGI V	, 19 L	ed fram. 10/ 60, and that d	eath	accurred at 6 P			nd an tl		e stated	deceased d abave re signer
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23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

ADDRESS Hyattsville, Md.

24a. REC'D BY REGISTRAR
DATE OCT 2 4 '60

24b. REGISTRAR'S SIGNATURE

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No PLACE OF DEATH ... COUNTY Prince Georges 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY Prince Georges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District Heights 2 Years District Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2600 Rochelle Avenue 2600 Rochelle Avenue YES NO K 3. NAME OF Middle DATE Year -DECEASED OF DEATH (Type or print) October 29. 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 18, /1/9 Months White Female WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pub Libary Congress U.S.A. Anderson S. C. pe may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, Cesper Bean 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 80th Ave. N. No Mrs. Norma Bradbury (Daughter) Forestville 18. CAUSE OF DEATH [Enter only one cause per Jing far (a), (b), and (c).] INTERNAL SETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20f. (City or town) (County) factory, street, office bldg., etc.) Not while o. m. of work of work p. m. RECTOR: Page 21. I certify that I taak charge af the remains described above, held an Autapsy \(\pi\), Inspection N, Inquiry X, and find that death resulted fram: Natural causes 17. Accident , Suicide , Hamicide , Undetermined cause ACTUAL DATE SIGNED 00 10/29/60 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TX NAME (Type) Dayton O. Watkins FUN FUN 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Nov. 1st 60 Washington Nat ] Suitland, Maryland -- Good Hope Rd., SE 23. PHINERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS. A15ME(5 Bros. Washington 20 DC '60 DATE NOV Cirilian & Kraus 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11666AL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Prince Georges b. COUNTY Prince George Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) D. O. A. Hvattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital 4104 Gallatin Street YES NO NAME OF Middle DATE First Month Day Year DECEASED OF DEATH Harry Lamont Brickerton October 30. (Type or print) 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Feb. 29, 1891 Haurs Min. Male White WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Bakero Washington D. C. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry D. Brickerton Lordonia Scroggins Address 2613 Blue Ridge Av 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ilf yes, give war or dates of service Mrs. Leslie H. Wood Wheaton, Md. no 18. CAUSE OF DEATH [Enter only one cause per fine far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN WAS AUTOPSY PERFORMED? YES 🗍 NO TO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II af item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) foctory, street, office bldg., etc.) o. m. Not while at work at work p. m. Inspection. Inquiry \, ond find that

21. I certify that I took charge of the remains described above, held an Autopsy

deoth resulted from: Natural couses K, Accident , Suicide , Homicide , Undetermined couse

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER

Dayton O. Watkins DEPUTY MEDICAL EXAMINER

22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Nov 2. 1960 Mt Olivet Cemetery ADDRESS

22d. LOCATION (City, town, or county) Washington D C

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

F. Gasch's Sons Hyattsville, Md.

160

Clathua & House

DATE SIGNED

(State)

VS. A15ME(5) 5M 9/55

WEDI

NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

STARRED TO STADISTICAL EXAMINARY SERVINGATE OF PEATH ---, 5 a to Characterson A factored and the total to be the top with a second restrict and a room to

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Month IF UNDER 1 YEAR IF UNDER 24 HRS Manths 12. CITIZEN OF WHAT COUNTRY? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY that I lost sow the deceased M. from the causes and on the date stoted obove. ADDRESS (Street, city or town, state)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11667

Doys

(County)

Reg. Dist. No.

5 ear

IS RESIDENCE

ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍 NO

> > (Stote)

(State)

24b. REGISTRAR'S SIGNATURE Cithur & Kraus

1SM 9/SB

A DOLL HIAGO - DEPARTMENTS MEALS SYLM the majoral and the second of the second of the second second the second The food so vill Mark to a story Se Lot Carlot A STO WILLIAM OF A THE THE STANFE STANFE STANFE the company of the state of the the street was a street and the street of th The second of the second secon and the state of t

# TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral directar, I 2 shauld be filed with TO FUNEST DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 moved be detached far use as the burial-transit permit. Then please remove carban papers. Pages the State Baard at Health priar to burial, crematian, ar remayal, and in any even mining theurist death.

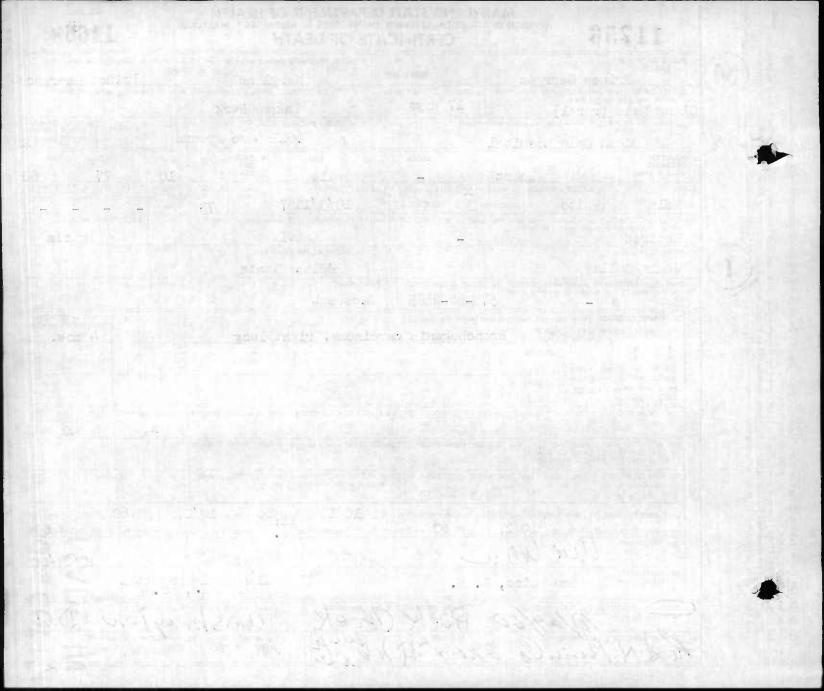
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11668

Prince Georges	MARYLAND	o. STATE  Maryland	b. COUNTY	Prince Georges
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RU	
RURAL ond give neorest town) Glenn Dale (rural)	17 days	52 Takoma P		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Glenn Dale Hospital		/ 6612 Gud	e Avenue	YES NO DE
3. NAME OF First	Middle	Lost 4. DAT	E Mont	h Day Yeor
(Type or print)  Albert		Bulle OF DEA	TH 10	27 19 60
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW		10/3/1887	73 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Retired	-	Latvia		Latvia
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Janis Bulle		Edite Cinats		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Addr	ess
(Yes, no, or unknown) (If yes, give war or dates of service)	79-48-2485	Decedent		
18. CAUSE OF DEATH   Enter only one couse per li	ine for (o), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		cinoma, right lun	œ	4 mos.
IMMEDIATE CAUSE (o) DUE TO	ononogenic car	ornoma, right run	3	T 1110 5 •
Conditions, if ony, which )				
gove rise to immediate				
couse (o), stoting the under-				
(6)	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
[S]	1.55			YES XX NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II of item 18.)	
Hour o.m. While		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	City or town)	(County) (Stote)
21. I certify that (I) (this haspital) atten-		10/10 3,31969	10/27	
saw the deceased alive an 10/27			, , ,	d on the date stated above.
220. SIGNATURE		deall occurred dr_pm., in	in the cooses on	22b.DATE
aux Weir		M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	10/27/60
22c. PHYSICIAN'S NAME (Type) Moe Weiss,	M. D.	22d. ADDRESS Glen Glen	n Dale Hos n Dale, Md	pital •
30. BURIAL TREMATION, 23b. DATE THEREOF	23G NAME OF GEMETERY	FCEMATORY 23d. LC	CATION (City, town, o	750 D.C
24 ENGERAL DIRECTOR'S SIGNATURE	2901-14-80)	Wheel 250. REC'D BY RE		STRAR'S SIGNATURE



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DIRE page 3 s

VS A15 (4) 15M 10/57

11678

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

11669 Reg. Dist. No.

o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  D  C  o
b. CITY OR TOWN (If outside corporate limits, write RURAL and give segred town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Carroll Manor Conv Home	d. STREET ADDRESS 404 - H St N.E.  e. IS RESIDENCE ON A FARM? YES \( \sum \text{NO} \) VES \( \s
3. NAME OF DECEASED (Type or print) DENIS First Middle C.	BURCH 4. DATE October 11, 1960 Year DEATH October 11, 1960 19
5. SEX Male    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH Apr. 27-1877  9. AGE (In years loss by thdoy) North Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Dalesman  Men's Furnish	STRY 11. BIRTHPLACE (Stole or foreign country) 11. GITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry A. Burch	Susan R Burch
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes no. or unknown) 1 (If yes, give wor or dates of service)	NFORMANT Address
S.	M. Bernadette Joseph
Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO to the Brain  (b)  DUE TO  (c)	The Prostate with Metastasi System and Death 23 months
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq NO \( \overline{\
206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mour o. m., p. m. 19 While Not while of work 19 21. I certify that I attended the deceased from March 2	ctory, street, office bldg., etc.)  20 9, 1950, ta_Oct. 11, 1960, that I last saw the deceased accurred at 6:05A M, from the causes and an the date stated above ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 322- H. Street, N.E. Oct.11, 196
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 21. I certify that I attended the deceased from March 2 alive on Oct 10. 1900, and that death SIGNATURE ACTUAL SIGNATURE ACTUALS IGNATURE ACTUALS	ctory, street, office bldg., etc.)  20, 1950, ta Oct. 11, 1960, that I last saw the deceased accurred at 6:05A, M, from the causes and an the date stated abave  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 322- H. Street, N.E. Oct.11, 196  Washington 2, D.C.

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	MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-	-BALTIMORE,	1
page 1							

**CERTIFICATE OF DEATH** 

11757 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION Ky. ave. 18 ON A FARM? YES NO NAME OF Middle 4. DATE Manth Year DECEASED OF DEATH (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.] Hour a. m. Nat while at wark at wark - ZZ\_\_\_, 1960, that I last saw the deceased 21. I certify that I attended the deceased from 2 -// 19/002, to and that death occurred of 70, M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar caunty) (State) REMOVAL (Specify) **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OCT 25'60 Cirthur S. Flisch

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11758

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		U		- 5

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Clenn Dale (rural)  C. LENGTH OF STAY IN 1b 2 months and 20 days  d. NAME OF HOSPITAL (if not in hospitol, give street oddress)  OX INSTITUTION  Clenn Dale Hospital  3. NAME OF  CREASED  (Type or print)  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Newspaper sales  10. SOCIAL SECURITY NO.  13. FATHER'S NAME  Felice Chicchetti  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. NAMED OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  Lying couse lost.  OCCONTRIBUTION (Cive work)  OCCONTRIBUTION (Cive work)  OCCONTRIBUTION (Cive work)  DUE TO  Conditions, if only which gove rise to immediate couse (o), stoling the under lying couse lost.  OCCONTRIBUTION (Cive work)  OCCON	: Residence before admission)
RURAL ond give necret lown) Glenn Dale (rural)  d. NAME OF HOSPITAL (if not in hospitol, give street oddress)  d. NAME OF HOSPITAL (if not in hospitol, give street oddress)  Glenn Dale Hospital  3. NAME OF BECASED  (Type or print)  S. SEX  6. COLOR OR RACE  Middle  Chiocchetti  Male  White  White  Whowe Paraboxice  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Newspaper sales  13. FATHER'S NAME  Felice Chicchetti  15. WAS DECASED EVER IN U. S. ARMED FORCES? (i. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Severe anemia, etiology undetermined; chronic alcoholism  OR CONTRIBUTING CAUSE OF DEATH  While  OR CONTRIBUTING CAUSE OF DEATH  While  OR CONTRIBUTING CAUSE OF DEATH  While  OR CONTRIBUTING CAUSE OF DEATH  Hour o. m.  19 O'Work Cause of FINJURY (Home, form, 20f. (City or town) foctory, street, office bidg., etc.)  20. Time of INJURY Month, Doy, Year 20d. INJURY OCCURRED  Whole  Whole  Whole  ON CONTRIBUTING CAUSE OF DEATH  Who work  OR CONTRIBUTING CAUSE OF DEATH  While  Not while  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEAT	- /
d. NAME OF HOSPITAL (If not in hospital). give street oddress)  OR INSTITUTION  Glenn Dale Hospital  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  Month of Deceased  White  Italy  14. MOTHER'S MAIDEN PRINTH (Give kind of work done)  Wespaper sales  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  No  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE TO CONTRIBUTING COURED (CONTRIBUTING CONTRIBUTING COURRED (FIFTHER))  Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED  White  OCCUPATION (SIDE OF INJURY Month, Doy, Year Month)  19 Observed of work	(AL and give nearest fown)
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   Not Willing most of working life, even if retired)   Newspaper sales   14. MoTHER'S MAIDE   Never Married   Newspaper sales   15. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]    PART I. DEATH WAS CAUSED BY:   No The Race of Service of County of Service of Servi	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED   First   Middle   Last   4. OATE   Month   10	YES NO 🔀
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH   7/20/1893	Day Yeor 12 19 60
Male  White  Whowe Paraboxice   7/20/1893   105 technology   105 technolog	F UNDER 1 YEAR IF UNDER 24 HRS
Ttaly	Months Days Hours Min.
Newspaper sales  13. FATHER'S NAME  Felice Chicchetti  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, no, or unknown)  (If year, give wor or dates of service)  (If year I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o). Pulmonary tuberculosis  DUE TO  Conditions, if ony, which gove rise to immediate cause (o). Pulmonary tuberculosis  (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  Severe anemia, etiology undetermined; chronic alcoholism  20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of work of twork of two work of two wo	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  Felice Chicchetti  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give wor or doles of service)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  NO  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony which gove rise to immediate cause (o). Pulmonary tuberculosis  DUE TO  Conditions, if ony which gove rise to immediate cause (o). Pulmonary tuberculosis  DUE TO  Conditions, if ony which gove rise to immediate cause (o). Pulmonary tuberculosis  DUE TO  Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH Hour o. m.  P. m. 19 of work of two while of work of two wo	USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service) (Yes, no, or unknown) (If yes, give wor or doles of service) (Part II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary tuberculosis  DUE TO  Conditions, if ony which gove rise to immediate couse (o), storting the under-lying couse lost. (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CONTRIBUTING CONTRIBUTION CONTR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service) (Yes, no, or unknown) (If yes, give wor or doles of service) (Part II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary tuberculosis  DUE TO  Conditions, if ony which gove rise to immediate couse (o), storting the under-lying couse lost. (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CONTRIBUTING CONTRIBUTION CONTR	
(Yes, no. or unknown)   (If yes, give wor or dates of service)   579=05=8875   Decedent	is
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PUL TO  Conditions, if any which gove rise to immediate couse (o), stoting the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  Severe anemia, etiology undetermined: chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m.  19  21. I certify that (I) (this hospital) attended the deceased from 7/22/  21. I certify that (I) (this hospital) attended the deceased from 7/22/  22. 150, ta 10/12/	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony which gove rise to immediate couse (a), stoting the under- lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p.m.  19  21. I certify that (I) (this haspital) attended the deceased from 7/22/	
Conditions, if ony which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OCC. TIME OF INJURY Month, Doy, Year Port Of While Not while of work  P. m. 19 Volume of work  19 Volume of work  19 Volume of Year Office bidg., etc.)  21. I certify that (I) (this haspital) attended the deceased from 7/22/	INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if ony which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (International Control of Injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work 20th w	
gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year Old INJURY OCCURRED While Not while of work   19	
Ving couse lost.   Ving couse	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  Severe anemia, etiology undetermined: chronic alcoholism  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Month, Doy, Year Not while of work   19	
Severe anemia, etiology undetermined; chronic alcoholism  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)  70a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)  70b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)  70c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  70c. TIME OF INJURY Month, Doy, Year   19   19   19   19   19   19   19   1	LINE DADT IV. NO. WAS AUTORSY
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of work of work 21. I certify that (I) (this haspital) attended the deceased from 7/22/	PERFORMED?
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	
21. I certify that (I) (this haspital) attended the deceased from 7/22/	(County) (State
	(County) (Store
	_, 1960_, that (I) (we) las
	an the date stated above
220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS.   DIRECTORX PHYS.   O	22b. DATE SIGNEI 10/12/60
22c. PHYSICIAN'S 22d. ADDRESS Clann Dale Hagnit	
Moe Weiss, M.D. Glenn Dale, Md.	A.L.
236 BURIAL CREMATION, 23b. DATI THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City), town, of REMOVAL (Specify)	county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2 6 1 1 250. REC'D BY REGISTRAR 25b. REGIS	RAR'S SIGNATURE

The second of th THE LAND OF COMMUNICATION OF THE PARTY OF TH PLACE OF DEATH

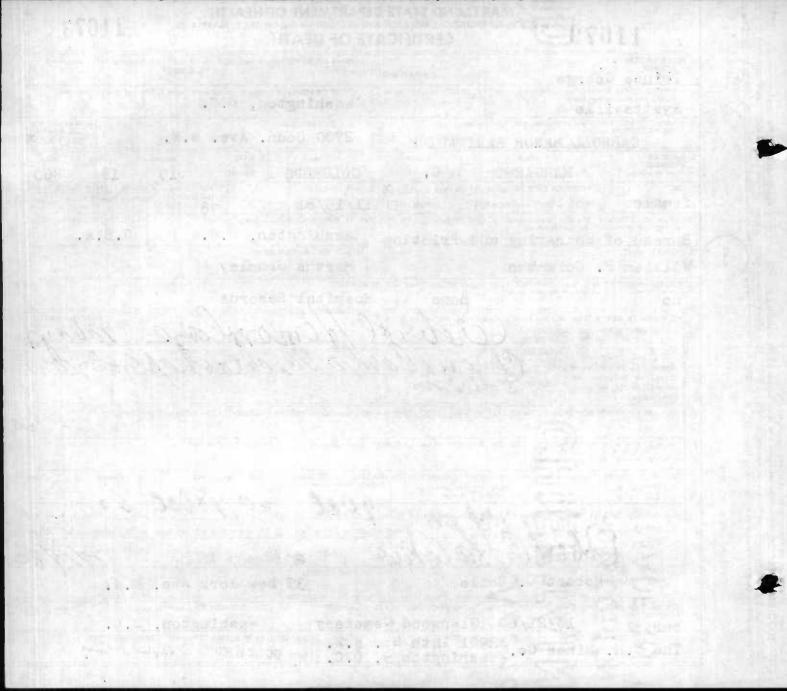
11679

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11673

1. PLACE OF DEATH o. COUNTY Prince G	eorge		MARYLAN	a ST	AL RESIDENCE (V ATE	Where decease	d lived. If institut b. COUNTY		pefare admis	ssion)
	f autside carporate limi corest town)	ts, write	c. LENGTH OF STAY IN		TY OR TOWN (IF		C.	RURAL and give	negrest tow	(n)
OR INSTITUTION	AL (If not in haspitol, g			1	TREET ADDRESS	n. Av	e. N.W.		ON	SIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	MARGA		Middle C •	CO	LUMBUS	4. DATE OF DEATH	мо <b>1</b> (		Day B	Yeor 1960
5. SEX female	6. COLOR OR RACE White	7. MARRI	D DIVORCED	/-	5/81		9. AGE (In years lost birthdoy) 78 yrs		_	
during mast af work	king life, even if retired Engravi	ng ar	and of Business or in a Printing	W 8	BIRTHPLACE (SIGN Shingt OTHER'S MAIDEN Artha G	on, D	.C.		S.A.	COUNTRY?
15. WAS DECEASED EVE		CES? 16. S	none	7. INFORMAN			Add	dress		
Canditians, If a gave rise to i cause (a), stating lying couse last.	mmediate the under-	Ch Se	prolor popular considerations to death	esde	o Car	OPY Cal	Las no	plus VEN IN PART I	394	D DEATH CY)
200. ACCIDENT WA			RIBE HOW INJURY OCCU						YES _	ORMED?
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	ar 20d. IN While of wark	Not while		NJURY (Home, fo		y or town)	(Cav	nty)	(State)
21. I certify the saw the deceg 220. SIGNATURE 22c. PHYSICIATY'S NAME (Type)		Ha:	tale Mi	M.D. AT	FENDING YS.	MED. DIRECTOR	the causes a  STAFF PHYS.   Ork Ave		ate stated	d abave.  2b. DATE  NED
23a. BURIAL, CREMATIO REMOVAL (Specify) burial	10/21	/60	23c. NAME OF CEMETER Glenwood	^	ery	Was	TION (City, town, hingtor	1, D.C.		ate)
The S.H.		0	901°Fifth S			OCT 20		Istrar's sign.		

TO FUNER TO PORTER TO PORTER TO PORTER TO THE STATE BOARD VR A15 (4) 15M 9/59



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11698

**CERTIFICATE OF DEATH** 

11674 Reg. Dist. No.

-										- 4			
	PLACE OF DEATH D. COUNTY	Prince Geor	ge's	MAR	YLAND	- STATE	DENCE (WI		l lived, If instituti b. COUNTY	on: Reside	nce befo	Geor	ion) ge¹s
	RURAL ond give		ts, write	c. LENGTH OF STAY	(IN 1b	10		outside corpor	rate limits, write R		-		
-	OR INSTITUTION	ITAL (If not in hospital, a	127	oddress)		d. STREET A	ADDRESS		gut St				IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	John Fi		Middle Edward		stantin		4. DATE OF DEATH	Mon O (	et 1]	Do	,	Year 19 60
5. 3	male	6. COLOR OR RACE white	7. MARI	RIED NEVER MARR		Jan 25,			9. AGE (In years last birthday) 62 yrs.	IF UNDE Months		Hours	R 24 HRS. Min.
10a	during most of we	TION (Give kind of work orking life, even if retired penter	1	kind of Business obinet mak			LACE (State		ountry)		TIZEN O		OUNTRY?
13.	FATHER'S NAME	05/16/11/25	- 1			14. MOTHER'S	MAIDEN I	NAME				-66	
	Will	liam C Cons	tant	ine			Mary	E Dan	iels				
	WAS DECEASED EV	/ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice	social security No.		rtrude	C Ver	rmeule	Add Hyatts		le M	d.	
	Canditions, if gove rise to cause (o), stofing lying couse last	g the <u>under-</u>	)		1								
CERTIFICATION	PART II. O	ther significant con	DITIONS	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO	THETERM	INAL DISEASE	E CONDITION GIV	/EN IN PA	RT 1(o)	PERFC	AUTOPSY RMED?
	OR CONTRIBUTIN	VAS UNDERLYING  GC CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED	). (Enter nature o	of injury in	Port I or Port	t II af item 1B.)				
MEDICAL	20c. TIME OF INJU Hour o. m p. m	10	ar 20d. i While of wor	NJURY OCCURRED  Not while k ot wark	20e. PLA foc	CE OF INJURY tory, street, office	(Home, form e bldg., etc	m, 20f. (City	or town)		(County)		(State)
	alive an	that lattended the	deceas , 19_	1 1.	t death	accurred at	19.		the causes an	d an th		e stated	deceased abave.
	PHYSICIAN'S NAME (Type)	Lecnard	Hays	1300	^	w.D.	Н	yattsv	rille, Md				
220	BURIAL, CREMATI	Oct 13,		22c. NAME OF CEM Ft Line			У		Mar Man	or Mo	1.	(Sto	te)
23.	FUNERAL DIRECTO	-	Hans 4	ADDRESS	Mana	hand		D BY REGIST	100				
	r. das	ch's Sons	пуат	tsville,	radi'y	Talla.	DATE	OCT 1 3	00	Inthur	8 th	aud	

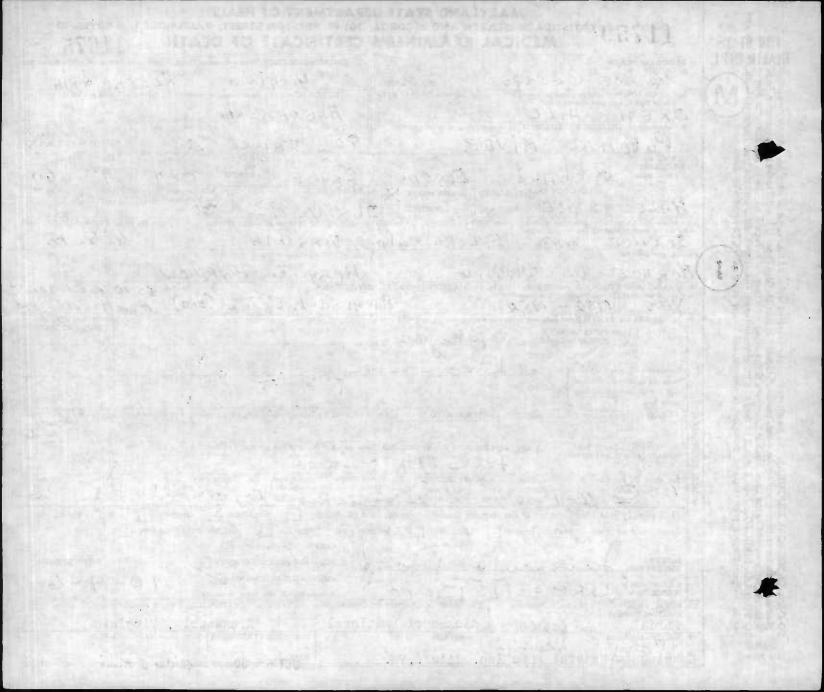
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de la		d mos Averes	mle v
U 5 V		Supplied Total	a Paras un
	Catelons a grad	001	Tongle Denking
	the Annual State		

#### ND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY al director. Page of-Health, GEORGES files. RINCE RGINIA XANDRIA MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Your write RURAL end give nearest town) E 77 Por d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO IN NAME OF Middle "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the f xaminer's Office along with form PM3. Page 5 may be retained as a burial-transit DECEASED (Type or print) DEATH USENE 8. DATE OF BIRTH 5. SEX COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED age 5 may 1 and 2 wit 72 hours a last birthday) Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UIRGINIA MAS TERMINATING JEKVICE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service 1952 - 1954 This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). 2 Examiner's Office along ONSET AND DEATH burial-fransit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal, geve rise to immediate cause 10 DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 8 cremat te the certificate, writing the word Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Tor CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 200 THE OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Dey, Yeer 20f. (City or town) factory, street, office bldge, etc.) Not While, 0 at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion Accident L Homicide | death resulted from: Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PUNERAL DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DEPU should please 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CIMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 40 6 Alexandria National Alexandria, Virginia Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **ADDRESS** VS. A15ME Le Rees 5M 7/59 Cunningham Funera. Home Inc. Alex. Va.

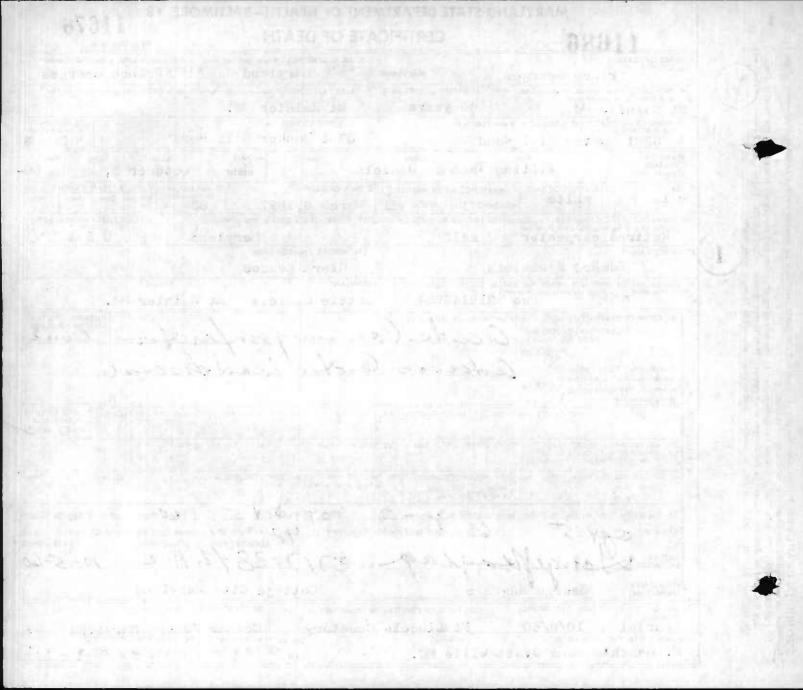
19

NO Z

(State)



11	686		CERTIF	ICATE OF	DEATH			Reg. Dist. 1	0 / b	
1. PLACE OF DEATH o. COUNTY Pr	ince Georg	es	MARYLA	O STATE	Maryla		lived. If instituti b. COUNTY	on: Residence b	efare admiss Georg	ion) es
b. CITY OR TOWN RURAL and give of Mt Rainie	If outside corporate limearest tawn)		LENGTH OF STAY IN		Rainie		ote limits, write F	URAL ond give	nearest tow	1)
OR INSTITUTION	TAL (If not in hospital, of unker Hill	13	ress)		Bunker	r Hill	Road	1		FARM?
3. NAME OF DECEASED (Type or print)	Will	iam Th	Middle Nomas Dar	niels	Lost	4. DATE OF DEATH	Octo	ober 5,	/	Yeor
5. SEX male	6. COLOR OR RACE white	7. MARRIED WIDOWED [			IRTH 6,187'		P. AGE (In years last birthday) 83 yrs.	Months Day	-	ER 24 HI Min
during most of war	ON (Give kind of work king life, even if retired carpenter	)	of Business or	INDUSTRY 11. BIRTI	HPLACE (Stote o	or foreign coo			OF WHAT C	OUNTR
13. FATHER'S NAME	ward F Dan	iels			r's MAIDEN N.					
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	CIAL SECURITY NO.	INFORMANT Lottie	Danie:	ls N		ress ier Md.		
Conditions, if a gove rise to cause (o), stating lying couse lost.	the <u>under-</u> DUE TO	)	ITRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMIN	OAR V	CONDITION GI	VEN IN PART 1(a	1) 19. WAS	AUTOF
PART II. OT  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESCRIE	BE HOW INJURY OCC	CURRED. (Enter natur	e of injury in P	ort I or Port	II af item 1B.)			ORMED?
20c. TIME OF INJU Hour o. m. p. m.		ar 20d. INJU While at wark	RY OCCURRED 2 Not while of work	Oe. PLACE OF INJUR foctory, street, of	(Home, form, ffice bldg., etc.)	20f. (City	or town)	(Caun	ty)	(Sto
alive anACTUAL SIGNATURE	at I attended the	19 GC	and that a	19.6 leath accurred	17-	387	he causes are	stote)	ate stated	
PHYSICIAN'S	-00000	lageage	е		Cottag	e Cit	y Maryl	and		
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify Burial  23. FUNERAL DIRECTOR	10/8/60	)F 2	Ft Lincol	ery or crematory	ry		ON (City, town,		(Stot	te)



VS A1S (4) 1SM 9/SB

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oge 4	rectar,	d with	
that the geath cereficate be executed within 24 haurs after death. Page 4	by the attending physician and campletely filled	t. Then please remave carbon papers. Pages I and 2 should be filed with	
hours	Š	Omo 2	
vithin 24	ely filled	Pages 1	
recuted w	camplet	papers.	
ate be ex	cian and	carban	-
certifica	ng pysi	- emove	-
e geath	othendi	n please	
that th	by the	t. The	

A A R Y I A N D	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE, 18
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	tem 4	F1 1 m G2 / 5 1	U= 18-6() at	

CERTIFICATE OF DEATH

11677

11760	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryla	ere deceased lived. If institution b. COUNTY	on: Residence before admission) Pr. Geo!s
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) Glassmanor	c. LENGTH OF STAY IN 16 6 Months		utside carporate limits, write R	
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION 317- Winthrop Street S	reet oddress)	d. STREET ADDRESS 317- Winthr	op Street S.E.	e. IS RESIDENCE ON A FARM? YES NO [1]
3. NAME OF DECEASED (Type or print) ZORA	Middle	DAVIS Lost	4. DATE Mar OF DEATH Octobe	
17 7 9.27 4 1		B. DATE OF BIRTH Nov. 2286 18	9. AGE (In yeors lost birthday) 92 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole ) West Virg		12:CITIZEN OF WHAT COUNTRY?
John M. Gabbert		Jeanette H		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT B. Beatrice P.	Geib. Same	- 11
PART I. DEATH Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the under-	er line-for (a), (b), and (c).] Netastate	east.	quea	INTERVAL BETWEEN ONSET AND DEATH
■ OR CONTRIBUTING □ CAUSE OF DEATH!	ONS CONTRIBUTING TO DEATH BUT			/EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20c. TIME OF INJURY Month, Doy, Year 20 Hour o. m.	Od. INJURY OCCURRED 20e. PL. for work of work	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the decalive an Actual SIGNATURE PHYSICIAN'S HERBERT WISOTS NAME (Type)	260, and that death	M.D. 101- Audre	M, fram the causes an	on Hill, Md. 10/1
220. BURIAL, CREMATION 22b. DATE THEREOF Oct. 12-196	20c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, Suitland, Max	or county) (State)
FUNERAL DIRECTOR'S SIGNATURE	661- GOORESS Hope Ro	240. REC'E		STRAR'S SIGNATURE

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	enso	The state of the state of the state of
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11678

	11000	CERTIFICA	IE OF DEATH		
1.	PLACE OF DEATH o. COUNTY  Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who a. STATE  Maryland	ere deceased lived. If institution: Res b. COUNTY	idence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporote limits, write RURAL o	
	Cheverly  d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	27 days	d. STREET ADDRESS	ity	e. IS RESIDENCE ON A FARM?
	PrinceGeorges General	Hospital	4011 Park	wood Street	YES NO
3.	NAME OF Pirst DECEASED (Type or print)	Middle	Last	4. DATE Month OF	Day Year 15 19 60
	SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	eWaters B. DATE OF BIRTH	9. AGE (In years IF UN lost birthdoy) Mont	IDER 1 YEAR IF UNDER 24 HE
	White WIDOV  O. USUAL OCCUPATION (Give kind of work done 10th		2 Jan 1880	80 yrs.	CITIZEN OF WHAT COUNTR
C	during most of working life, even if retired)	Store	niagare	Falls, n. 4.	u.S,
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME LOS	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	0 1>0
	es, no, or unknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17. IN	1 1 2m	10 N . A.	in the second
		71	ederick !!	, we paters	son
	18. CAUSE OF DEATH [Enter only one couse per PART 1. DEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (a)	CAMCINO	MA 70515		1 MO3
	15 7 X DUE TO			0	
	Conditions, if any, which ) (b)	Adeno cano	INOMA OF	= PANCHEAS	3 mos
	gove rise to immediate cause (a), stating the under-				
7	lying couse lost. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition given in	PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in F	art I ar Part II of item 18.)	
MEDICAL	Hour a. m. Whil	1	CE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or town)	(Caunty) (Stot
	21. I certify that (I) (this hospital) after				960 that (1) (we) la
	saw the deceased alive on 10/15	19_60, ond that d	eath occurred ot 3,3	My from the couses and on	
	Mirmen D just	/ homean	M.D. PHYS.	TO. STAFF RECTOR PHYS.	226. DATE 10/15/60
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
00	Dr. Norman Com			ier., Md.	4.1
23	o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/18/60	Fort Line	e o ev	Colmar Ma	enor, ml
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A ROLL	ies 25a. REC'I	BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
17	70000 100	1	0 / 00	T 1 9 160 arthur	S. Firmen

Inc.

VR A1S (4) 15M 9/59

affect francisco Marchard Last MARKET STATE OF THE STATE OF TH 

# FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ar Melay is necessary, please that the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the grant director. Page 4 shours be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11679

PLACE OF DEATH Prince George	2. USUAL RESIDENCE (Where deceased lived, If institution:	
Litude deorse		Residence before admission)
MARYLAND	•. STATE Maryland b. COUNTY Pr	ince George
b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL as	1.4
writa RURAL and give nearest town) Suitland 22 Years	2/ Suitland	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	A Market Comments	ON A FARM?
Eastern Lane	4892 Sunset Lane	YES NO
NAME OF First Middle DECEASED	Lest 4. DATE Month OF	Dey Yaar
(Type or print) Timothy Lee	Dooley DEATH October 1	3th 1960
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	9. AGE (In yaers IF UNDER	
	January 27-1895 68 yrs. Months	Days Hours Min.
B. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		TIZEN OF WHAT COUNTRY
Gardner  Gardner  C.L.Jenkins	Duming 1/4 most m4 o	U.S.A.
FATHER'S NAME	Burke Virginia	0. D. R.
Joseph Dooley	Unknown	1122 2 2 2 2 2 2
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (as, no, or unkown)   (Ifyesgivewarordatesofservica)		ke Drive
	velvn . Herkness	
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Rockville	, Mary Land
DART I DEATH WAS CAUSED BY		ONSET AND DEATH
IMMEDIATE CAUSE (6) Coronary Throm	00818	
DUE TO		
Conditions, if any, which \ (b) Coronary Athero	nenlernele	
geve rise to immadiate cause	3002030025	
(a), stering the underlying	. D	A STATE OF THE STA
cause last. (c) Cardio vascular	r Renal disease	TATAL MASS ASSESSED
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cause last. (c) Cardio vascular		PERFORMED?
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Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (In the control of the con	Enter natura of injury in Part I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)  End an Autopsy Inspection Inquiry Inqui	PERFORMED? YES NO   unity) (State)  and in my opinion  DATE SIGNED  14-60
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VS. A15ME(5) 5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11680

Reg. Dist. No.

PLACE OF DEATH									
1. PLACE OF DEATH COUNTY Pr. Gee MARYLAND				2. USUAL RESIDENCE (V	• C•	ed lived. If institu b. COUNT		efore admir	usion)
b. CITY OR TOWN Forestvi	(If outside corporate limits, writ	e RURAL	2 Hrs.	c. CITY OR TOWN (II		orote limits, write	RURAL and give	nearest tay	) }
	P Pine St.	If nat in hospit	al, give street address)	d. STREET ADDRESS	s. S.	E.		ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	Fir J	os <b>e</b> ph	Middle Westley	Douglas P	4. DATE OF DEATH	Month	Doy 27		ear 9 60
s. sex male	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIED	7/23/08		9. AGE  In years   last birthday} 52 yrs.	Months Days	Hours Hours	ER 24 HRS. Min.
Sheet Me	tal Worker	r US		11. BIRTHPLACE (Stote Md. )		ountry)	U S A	OF WHAT	COUNTRY
15. WAS DECEASED E	VER IN U. S. ARMED FO  (If yes, give wor or dates of	RCES? 16. SC	Unk. C	Daisey L. I	ougla	S Address	her) San	TE AS	
	ATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO any, which ediate cause	Car	paune nohet	Frace Wound	ns fur Dk	e Sk	Pull ,	F MA	TH **
CATIO			TRIBUTING TO DEATH BUT I			1773	'EN IN PART 1(a)		NO A
20a. EXTERNAL CO PRIMARY SO OF CO CAUSE OF DEATH 20c. TIME OF INJ Hour a. m p. m	URY Month, Day, Yes		Not while fact	CE OF INJURY (Home, farmary, street, affice bldg., etc	1, 20f. (City		(County)		(State)
				va hald as Auto-		enaction [7]	Inquire II	t and f	
21. I certify	that I took charge d from: Natural	-		icide , Homicide  M.D. CHIEF MEDICAL E	AMINER	nspection X,		DATE S	ind tha

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			CERTIF	CAI	OF DEAT			Reg. Di	st. No		
1. PLACE OF DEATH a. COUNTY Pri	nce Georg	es 1	MARYLA		USUAL RESIDENCE (W b. STATE Mary]		d lived. If institution b. COUNTY	n: Resider			sion)
b. CITY OR TOWN (I RURAL and give no Croom	f outside carporate limi earest town)	ls, write	c. LENGTH OF STAY IN	10	c. CITY OR TOWN (IF	outside corpo	rate limits, write R	URAL and	give nec	arest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street (	oddress)	2	d. STREET ADDRESS					e. IS RES	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Jo	hn	Matthe	W	Duley	4. DATE OF DEATH	Mon Octo	m ober	1		Year 1960
s. sex Male	6. COLOR OR RACE	7. MARR	DIVORCED		t. 27, 19	939	9. AGE (In years last birthday) 20 yrs.	Months	Days	Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during mast of wark NONE	ON (Give kind af wark o king life, even if retired	ione 10b.	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Sinte Washingt			1		S • A	T COUNTR'
Bennett	Duley			14	Althea I						
IS. WAS DECEASED EVE IYes, no or unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFOR	mant nětt Dule	9 <b>y-</b> 5	Same as		m #	2.	
	mmediate (		ntracran	ham	Pressur				INT	ERVAL BI SET AND SET AND	ETWEEN DEATH
20g. ACCIDENT WA	(c) HER SIGNIFICANT CON  AS UNDERLYING  COAUSE OF DEATH MEDICAL EXAMINER)		ONTRIBUTING TO DEATH					EN IN PAR	RT 1(a) 1	PERFO	AUTOPSY DRMED?
20c. TIME OF INJUR Haur a. m.	•	While	AJURY OCCURRED 20 Not while at wark		OF INJURY (Home, form street, office bldg., etc		or tawn)	(	County)		(State)
21. I certify the alive an ACTUAL SIGNATURE	at I attended the	12.6 ssc	ed fram		, 19.52, to 1 curred at (a.05) Upper 1	ADDRESS (S	n the causes of treet, city or town,	ind on t	he da	te stat	
220. BURIAL, CREMATIO REMOVAL (Specify)	10/20/	F 50	Codar Hi				ion (City, town, o	or county)	M	d. (Sta	te)
23. FUNERAL DIRECTOR		) Ho	ADDRESS me-Upper M	Md.		OV 2		STRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filler. By the funeral director, page 3 and be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 d 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours—after death. VS A1S (4) 15M 9/SS

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# 11764

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF**

DEATH	Reg. Dist. No.
PESIDENCE (Where deceased lived	If institution, Residence before admir

					Meg. Dien	
1. PLACE OF DEATH o. COUNTY Prince	George, s	MARYLAND	2. USUAL RESIDENCE (Wilder STATE Maryland	here deceased lived. If inst b. COUR	itution: Residence NTY Prince	before admission) Geo 1 s
	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hillside	outside corporote limits, wri	te RURAL and give	e nearest town)
OR INSTITUTION	AL (If not in hospital, give street	OUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d. STREET ADDRESS 1213- 61st		Place :	e. IS RESIDENCE ON A FARM? YES NO (A)
3. NAME OF DECEASED (Type or print)	estville Nursia AUSTIN		DUNWOODY Lost	4. DATE OF DEATH Oct.	Month 16th	Day Yeor
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH OCTOBER 18	lost birthdo		YEAR IF UNDER 24 HRS. The state of the state
10a. USUAL OCCUPATIO during most of work Retired	N (Give kind of work done ing life, even if retired)	kind of Business or Indu teel Worker	JSTRY 11. 8IRTHPLACE (State			of A.
Dunwood	y . John A.		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.		INFORMANT		Address	Hillside,Mo
Canditions, if or gave rise to in cause (a), stating t lying couse lost.	DUE TO  by, which (b) Ar  mediate (2007)	rdiac Decomper		se		onset and death 5 days
PART II. OTH  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CONDITIONS	contributing to death 80 arcinoma of Liv		INAL DISEASE CONDITION	GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING   20b. DES   CAUSE OF DEATH   MEDICAL EXAMINER)	* * *	ED. (Enter noture of injury in	Part I or Port II of item 18.		
Y 20c. TIME OF INJURY Hour o. m.	While		LACE OF INJURY (Home, form actory, street, office bldg., etc.	n, 20f. (City ar town)	(Cou	enty) (Stote)
actual SIGNATURE	1 2 11	Sikem	h accurred at 4 • 35	M, from the causes ADDRESS (Street, city or to mabas Rd. Wa	and on the c wn, state) shington	date stated above
220. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY (	o. Church Cem.	22d. LOCATION (City, 10v Bruington		(Stote)
23. FUNERAL DIRECTOR'S	100]	-ADDRESS	24a. REC'	D 8Y REGISTRAR 24b. R	EGISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, 2 should be filed with attending physician and campletely filled plained by the haspital ar ottending physicion.

SIRECTOR: After this certificate has been signed by the attending physician and can say be detached far use as the buriol-tronsit permit. Then please remave carbon pap strar priar to burial, crematian, or removal, and in any event within 72 haurs after death. TO FUNER PAGE 10 Page 3 5,2010 the registrar p

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	116	80		CERTI	FICA	ATE OF DEATH		Reg. Dis	11003
1.	PLACE OF DEATH			MAR	<b>LAND</b>	2. USUAL RESIDENCE (Whe		. If institution: Resident b. COUNTY	te before admission)
	HYATTSU			c. LENGTH OF STAY		C. CITY OR TOWN (IF OU		mits, write RURAL and g	4-7 X-
F	OR INSTITUTION	V . r1		LOME-		d. STREET ADDRESS	4th PL	NE	o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	RUBY	st.	Middle	ED	ELEN	4. DATE OF DEATH	Month	15, 1960
S.	SEX FRMALE	6. COLOR OR RADE	7. MARRI WIDOWEI	LD LT THE TEN INDINNE		B. DATE OF BIRTH	72 9. AG		1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	HOVS	FION (Give kind of work or orking life, even if retired)	R.	CIND OF BUSINESS C	OR INDUS	f	PENN	12. CIT	S. A
	FATHER'S NAME	UNKNOW		ll		14. MOTHER'S MAIDEN NA	NOWN	10	ONELL
	WAS DECEASED EVEN, no. or unknown)	VER IN U. S. ARMED FORE		NONE	0. 17. 11	ARL A. E	DELE	12/40 R	och brechte
		EATH [Enter only one content was Caused By: IMMEDIATE CAUSE (a)	-	e for (a), (b), and (c).		Thromb	0315		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if gove rise to cause (o), stoling lying cause lost	g the under-	AY	Teripsi	_(&	rotic He	art D	1sease	years
FICATION						NOT RELATED TO THE TERMIN			1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTI	OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in Po	ort I or Part II of	item 18.)	
MEDICA	20c. TIME OF INJU Hour o. m p. m	. 10	While at work	JURY OCCURRED Not while of work	20e. PL/ foc	ACE OF INJURY (Home, form, tory, street, affice bldg., etc.)	20f. (City or tox	vn) - (C	County) (State)
	21. I certify alive an	that I attended the	decease , 19_4		death	occurred at 9 5 %		causes and an th	ast saw the deceased ne date stated above. DATE SIGNED
	ACTUAL SIGNATURE PHYSICIAN'S	WHCX	em	ento		M.D. <u>C.O.C.</u>	01-35	th Ave	10/15/61
22	BURIAL, CREMATI	ION, 22b. DATE THEREO		22c. NAME OF CEM		R CREMATORY	22d. LOCATION (	City stown, or county)	(State)
23	FUNERAL DIRECTO	R'S SIGNATURE	2.60	ADDRESS Riverd	lal	e, All 240. REC'D DATE OF	BY REGISTRAR CT 1 9 '60	246, REGISTRAR'S SIG	

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	AND DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF			
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			San State of Man	
	Professor (Carlos participation)			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11685

	Prince George MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland TRUNCE George
1	b. CITY OR TOWN (If outside corporate limits, write RUC) not town)  c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Brentwood
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince George General Hospital	d. STREET ADDRESS  4541 Banner St.,  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
	3. NAME OF DECEASED Charolotte Middle (Type or print)	Evans 4. Date Oct. Month 25 19 60
	S. SEX Female 6. COLOR OR RACE COLORED 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. AGE (In years lost birthdoy) Way 13. 1960  9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during Notice working life, even if retired)	Maryland U.S. A.
1	Windsor B. Shields Evans	14. MOTHER'S MAIDEN NAME Louise Crowford
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes, give wor or dates of service)	Mother Same
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interstatial Pro  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES ON O
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Haur a.m. While at wark of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an Oct • 25. 1000, and that 220. SIGNATURE  Diff Co. And Co. Physician's NAME (Type)  Dr. Dayton O. Watkins	t death accurred atM, from the causes and an the date stated above
	230. BURIAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Specify) 10-27-60 Harman  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	y md.
	Johnsand Hoden 4804 Ban	Critical S. Krous  250. REC'D BY REGISTRAR  25b. REGISTRAR'S SIGNATURE  Critical S. Krous
	2077246×V3	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, 2 should be filed with

TO FUNER AN ARECTOR: After this certificate has been signed by the attending physician ond campletely filled page 3 small be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 small be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Baard at Health prior to burial, cremation, or removal, and in ony event within 72 haurs after death.

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the state of the said of the s .100 THE STATE OF THE S 4 . . The second of th 100 PERSONAL OFFICE OF THE LEASE OF

e. IS RESIDENCE ON A FARM? YES NO IT Year Day 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Haurs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 5 MINITES PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1 (County) (Stote) 1966 that I last saw the deceased 6\_\_\_, and that death occurred at 659P M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOGATION (City, town, or county) (State 24b. REGISTRAR'S SIGNATURE arthur S. Krous DATE '60

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11765	MARYLAND	STATE DEPARTME	NT OF HEA	LTH-BALTIMORE	, 18
111(00)		CERTIFICA	TE OF DE	ΔTH	

Reg. Dist. No.

o. COUNTY Prince George's O	O . MARYLAND	a. STATMaryland	deceased lived. If institution: R b. COUNTY Pr	Residence before admission)  George s
b. CITY OR TOWN (If outside carporate I RUPAL and give nearest town). Hillcrest Heights	imits, write c. LENGTH OF STAY IN 16		e carporate limits, write RURA	
d. NAME OF HOSPITAL (If not in haspita or INSTITUTION 2500- Keating Stre		/ d. STREET ADDRESS 2506- Keating	Street S.E.	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ROBERT	First Middle H.		DATE Month OF DEATH Oct. 14	Day Year 1960
5. SEX Male 6. COLOR OR RAC	7. MARRISON NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH May 29- 1884		UNDER 1 YEAR IF UNDER 24 HRS. anths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wa during most of working life, even if retie Retired	rk done 10b. KIND OF BUSINESS OR IND ed) St. Elizabeth Ho:		oreign country) Co., Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George W. Gass		14. MOTHER'S MAIDEN NAMI Maria Harde		
15. WAS DECEASEDEVER IN U. S. ARMED F (Yes, no, or unknown) (If yes, give war or dates	of service)	rs. Anna M. Gass	• Same as #	2.
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  Part II. OTHER SIGNIFICANT CO	(b)	IT NOT RELATED TO THE TERMINAL		N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CO	Year 20d. INJURY OCCURRED 20e. F	ED. (Enter nature of injury in Part PLACE OF INJURY (Hame, form, actary, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended to alive an 10 - 13-6  ACTUAL SIGNATURE JOHN B.  PHYSICIAN'S NAME (Type) JOHN B.  220. BURIAL, CREMATION, 22b. DATE THER	FEGAN H.O  REOF   22c. NAME OF CEMETERY	h accurred at	fram the causes and a RESS (Street, city or town, state IN hulled an Wash O LOCATION (City, town, or co	in the date stated above.  DATE SIGNED  LE 18  County) (State)
Burial (Specify) Oct. 17	1661- Appress Hope 1	Rd. SE 240. REC'D BY		ryland  R'S SIGNATURE  1 & Kroud

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF D o. COUNTY	EATH					2. USUAL RESID			lived. If institution b. COUNTY	n: Residenc	e before a	dmission)
	Pr	ince Georg	es	MARY	LAND		D.	U•		pen		
RURAL on	d give ne	outside corporate limitarest town)	its, write	6 months		c. CITY OR TO			ote limits, write RL	IRAL ond g	ive nearest	town)
	-	(rural)		1 4470				hingto	n	- F	1 X	~~
d. NAME OF	TUTION .	Le Hospital	give street ]	t oddress)		d. STREET AD		6 N.Y.	Ave., NW	(DC	1	RESIDENCE ON A FARM?
	200	-								(100		A LI WO LIE
3. NAME OF DECEASED (Type or prin	nt)	Cla	aude	Middle E •		Gillex	7	4. DATE OF DEATH	Mont 10	h	Day 26	Yeor 19 60
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🗆	B. DATE OF BIRTH			9. AGE (In years	IF UNDER	YEAR IF	UNDER 24 HRS.
Male		White	WIDOW			9/27/0	3		lost birthdoy) 57 yrs.	Months	Doys H	ours Min.
100. USUAL OC	CUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS C		TRY 11. BIRTHPLA	CE (Stote	or foreign co	untry)	12.CITI	ZEN OF WI	HAT COUNTRY?
Painte	r	ing`life, even if retired	)	Worked for Hicks?	Mr.	Sc	outh	Caroli	na		USA	
13. FATHER'S N	AME			11-0110		14. MOTHER'S	MAIDEN N	IAME				
John W	alke:	r					Le Ma	ry Hol	lenbeck			
15. WAS DECEA (Yes, no, or unknow		IN U. S. ARMED FOR		. SOCIAL SECURITY NO	. 17. IN	FORMANT			Addr	ess		
No	(1)	yes, give war or dates or s		241-05-5181	De	ecedent						
		TH [Enter only one co TH WAS CAUSED BY:		line for (o), (b), ond (c).		01					ONSET	AND DEATH
1 2	CI I. DEAI	IMMEDIATE CAUSE (c	)B:	ronchogenic	car	tinoma, 1	right	lung			2 y	rs.
11.	2	DUE TO										
Conditio	ns if or	which \									1 346	
gove ris		nmediate				-						
couse (o),		he under- DUE TO	,								100	
lying cou		) (0										
PAR	T II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	P	ERFORMED?
E 20g ACCIT	DENT WA	S UNDERLYING	20h DE	SCRIBE HOW INJURY O	CCLIRRE	(Enter noture of	injury in I	Port Lor Port	II of item 18.)			CALA.
OR CONTR	IBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 02	SCHOOL HOW HOOK! O	CCORRE	. (Elliel Holoro of						
		Month, Doy, Ye	or 20d.	INJURY OCCURRED		CE OF INJURY (H			or town)	(0	ounty)	(Stote)
Hour	o. m.	19	While		foc	tory, street, office	bldg., etc.	.)				
\$	p. m.		or we	ork ot work		- / /		(-				
21. I cert	ify that	(I) (this haspita	l) atten	ded the deceased	fram	2/21/	1,9	<u>60</u> , .ta	10/26/	19.0	Q, that	(I) (we) last
saw the	decease	ed alive an 1	0/26	1960 , and	that d	eath accurred	at/2:41	M. fram	he causes an	d an the	date ste	ated abave.
220. SIGNA		11	. 4				11.0					22b. DATE
		we w	un		,	A.D. PHYS.	DI DI	D. RECTOR 1	STAFF PHYS.	130	10/	26/60 SIGNED
22c. PHYSIC NAME	CIAN'S (Type)	Moe Wei:	ss, l	M.D.		22d. ADDRE	U.	lenn D lenn D	ale Hosp	ital.		
23a. BURIAL, C	REMATIO	V. 236. DATE THEREC	QF.	23c. NAME OF CEM	ETERY O	RCREMATORY		23d. LOCAT	ION (City, town, c	r county)		(Stote)
REMOVAL	12 9	10/27/	60			A CONTRACT		-	sville,	27 0		
24. FUNERAL D	RECTOR'S	SIGNATURE		ADDRESS				D BY REGISTE		TRAR'S SIC	SNATURE	
Rin	ala	i Funera	1 2	Hone 811	6-24	StiME	DATE OC	T 3 1 '6	0 an	thur S.	Kraus	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11767 CERTIFICATE OF DEATH Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. COUNTY INCE filed b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) ploods d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS **QP\_INSTITUTION** ANNER NAME OF First Middle 4. DATE Month filled aes 1 DECEASED (Type or print) DEATH 0 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ARE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (ost birthday) Months DIVORCED [ WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] d PART I. DEATH WAS CAUSED BY: DUE TO -Xuo Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underond lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of itym 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Haur a. ft. factory, street, affice bldg., etc.) While Not while 19 at work of work p. m. 21. I certify, that I attended the deceased from that I last saw the deceased and that death accurred at M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

ADDRESS

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

Trans

Days

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

ON A FARM?

YES NO'S

Year

1960

Min.

FUNER 0

15M 9/55

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

ICATE OF DEATH		
		O A DA
	Tarana Maria Lang	
		eno i te il states il di gi co mis
	View World	
The state of the s		A CONTRACTOR STATE OF THE STATE

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-		E. C.	
1	PLACE OF DEATH  G. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
1	b. CITY OR TOWN (If autside corporate limits, write c/LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURA) and give	re nearest town)
1	RURAL and give medical town)  Amp Sorings  1 DAY	UPPER MARLBURO (RURAL) X	
1	d. NAME OF HOSPITAL (If not in hoppital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	USAF HOSPITAL ANDYEWS	KFD DIX 3/33	YES NO X
3	NAME OF DECEASED (Type or print)  First Middle ELI	GORDON DEATH OCT	Day Year 1960
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	La de la dela de	YEAR IF UNDER 24 HRS.
1	Do. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	S 17
1	SAMUEL E. GORDIN	14. MOTHER'S MAIDEN NAME Therese & Foreses	
)	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT SAME AS 2	1716
F	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	2 0 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) (1864 to Pre	Lucrary Edluce	20 min
	Canditions, if any, which (b) Resouratory	Desease of the nawborn	1les. 45,00
	gove rise to immediate cause (a), stating the under-tying cause lost.  DUE TO  Co  Co  Co  Co  Co  Co  Co  Co  Co  C	rity.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT, RÉLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P for the p. m. 19 of work of work of work 19	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)	(Stote)
	21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased olive on	192864 1500 1960, to 2145 1600, 19 6 death occurred of 214M, from the couses and on the	4 thot(I)(we) last date stoted above.
1	Consignature Collections	M.D. ATTENDING MED. STAFF PHYS.	16 Oct 6
	22c. PHYSICIAN'S NAME (Type) ARNOLD A ABRAMO CAPT USAF MC	USAF HOSPITAL ANDREWS ANDREWS	AFB WASH 2
1	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CARLINGTON N	ATIONAL ARLINGTON VA.	(Stote)
12		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
	A FUNERAL DIRECTOR'S SIGNATURE TOUTON ADDRESS  B - F - TAYLOR BITH TOUTON ADDRESS  ADDRESS ADD	D.C. DATE OCT 19'60 auchur S.	though

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 eruneral director, may be restrined by the haspital ar ottending physician.

TO FUNER SIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 stroil be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59

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ST 3-2630

#### B. F. TAYLOR FUNERAL HOME INC.

SUPERVISOR OF DIVISION OF STATISTICAL RESEARCH & RECORDS. MARYLAND STATE DEPARTMENT OF HEALTH.



#### SIR:

ITEM 23B OF THIS CERTIFICATE IS NOT COMPLETE FOR REASONS FOLOWING REASONS.

- (1) THE FATHER OF THE BABY IS OVERSEAS (INCHON COREA) TELEGRAHM HAS BEEN SENT BY AIR FORCE REGISTRAS OFFICE.
- (2) MOTHER IS STILL CONFINED TO HOSPITAL (ANDREWS AIR FORCE BASE) IN HYSTERICAL CONDITION FOR THE PAST TWO DAYS.

FOR FURTHER INFORMATION CALL SGT. STRATTON. RE 5-8900-EXT 227.

Yours TRULY.

B. F. Taylor

THE RELEASE DESIGNATION OF THE PERSON OF THE PERSON.

2 115 21 111

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

11691

Reg.	Dist	No	

	Reg. Dist. No.
1. PLACE OF DEATH . g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
PriNCE George Co. MARYLAND	Maryland Prince George
b. CITY OR TOWN (If outside carporate limits, we're c. LENGTH OF STAY IN 1b RURA), and give nearest town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
District Hats me 10 years	District Heights Md ->
d. NAME OF HOSPITAL TIT not in haspital, give street address)  OR INSTITUTION  7606 KIDING PKY.	d. STREET ADDRESS 7606 Kipling PKu  e. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED Aiddle	Last 4. DATE Manth Day Year
(Type or print) MARTIN J G	ORRICK OF DEATH OCTOBER 7 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Haurs   Min.
Male White WIDOWED DIVORCED	9-19-18/9 81 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Mireter Ellicottop	, Maryland 7.5.4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 177.	Mary Telley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. ng. or unknown) (If yes, give wor or dates of service)	INFORMANT Address
716- Jes	YEIEN GOTTS 1606 KIPIING PRY
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	who was sureland toylone
DUE TO	J' CUR de la
Canditians, if any, which gave rise to immediate DUE TO	The orn markets,
lying cours lest	
, (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
T T T T T T T T T T T T T T T T T T T	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in Part I ar Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH USE OF CAUSE OF CAUSE OF CAUSE OF DEATH USE OF CAUSE OF	
	PLACE OF INJURY Hame, form, 20f. (City or town) (County) (State)
Haur a.m.  P. m.  19 While Nat while of wark   Of wark	factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from which	11 , 1954, to aut. 7 , 196 What I last saw the deceased
	th occurred at
	ADDRESS (Street, city or town, state)
SIGNATURE Villiam Aranin	MD 6124 Created An 17/60
A TAN DE LE LA	
PHYSICIAN'S WM BRAININA	2. Cufelof High and de h
220 BURIAL, CREMATION, 22b. DATE THEREOF 225. NAME OF CEMETERY	(control of the control of the contr
Burial 10-10-60 Mix Olive	it long. Washington D.C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24d. REC'D BY REGISTRAR 24D. REGISTRAR'S SIGNATURE OCT 11'60  Athur S. Trans

DATE

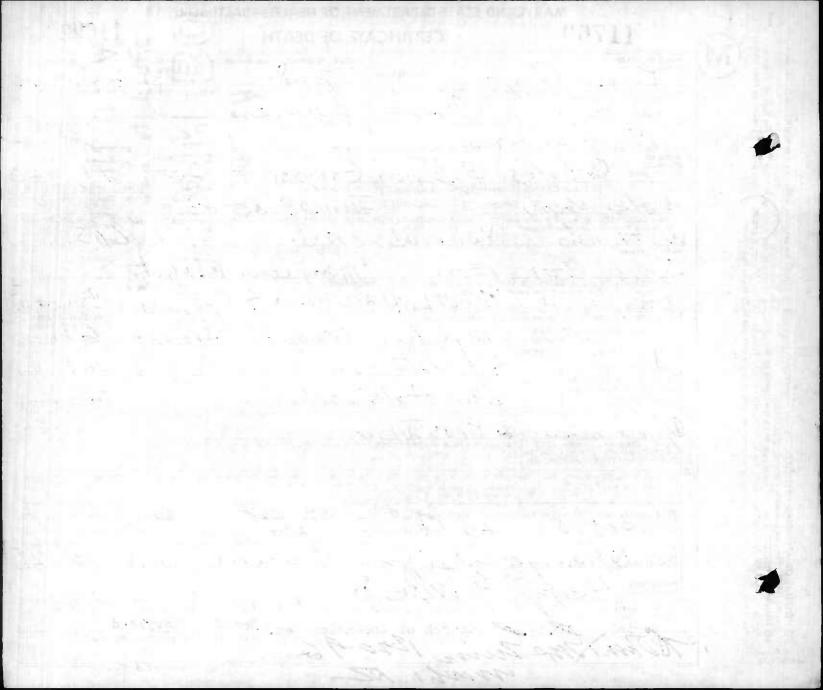
the funeral director, led within 24 haurs after death. Page mpletely filled in pers. Pages 1 a may be retained by the hospital ar attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and compage 3 st. the bed detached far use as the burial-transit permit. Then please remave carban poptithe registrate prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

VS A15 (4) 15M 10/57

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	100000000000000000000000000000000000000		
			Carlotte Silver
		Term Andrew	1 SYNW SYNY
			Marie Marie
high first are on to the Rock to be	A Law Mary To Law To Alle	13 2 million 122 million	
	WELL MALEY AND		

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11769 CERTIFICATE OF DEATH Rea. Dist. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Funeral b. CITY OR TOWN (If autside carporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z NAME OF 4. DATE First Middle tast Manth Year Day filled DECEASED DEATH (Type ar print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BUTH 9. AGE (In years last birthday) Manths WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF, BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Com 12. CITIZEN OF WHAT COUNTRY? oth. during mast af yearking life, even if retired) aud 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 0 attendin INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: mes IMMEDIATE CAUSE (a DUE TO px Canditians, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. certificate has been si e as the burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? f) YES NO T ending 20a. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day. (County) (State) factory, street, affice bldg., etc.) a. m. While Nat while at wark at wark 196 Chat I last saw the deceased 21. I certify that, I attended the deceased fram and that death accurred at 2:30PM, from the causes and on the date stated above. alive and or ATTENI ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe SIGNATURE PHYSICIAN'S NAME (Type) may be r 22a. 8URIAL, CREMATION, 22b. DATE THÉREOF 22d. LOCATION (City, tawn, ar caunty) 22c. NAME OF CEMETERY OR CREMATORY (State) page the re REMOVAL (Specify) Bowie Maryland Church Ascension 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) 1SM 9/S8



VR A1S (4) 1SM 9/59

## 11770

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PRINCE GEORGES  MARYLAND  MARYLAND  MARYLAND  MARYLAND  MARYLAND  AND PENS ALTR FORCE BASE  51 DAYS  ANNAPOLIS  d. SARGE OF HOSPITAL (if no in happilot, give intered oddress)  JESAF HOSP ANDREWS  MALOM  CUMMINGS  GROW  JESAF HOSP ANDREWS  MALOM  GROW  JESAF HOSP ANDREWS  MALOM  CUMMINGS  GROW  JESAF HOSP ANDREWS  MALOM  GROW  JESAF HOSP ANDREWS  MALOM  CUMMINGS  GROW  JESAF HOSP ANDREWS  MALOM  GROW  JESAF HOSP ANDREWS  JESAF HOSP ANDREWS  MALOM  JESAF HOSP ANDREWS	PLACE OF DEATH     O. COUNTY				2. USUAL RES o. STATE	IDENCE (Where deceas	ed lived. If instituti b. COUNTY		ore admission)
RURAL ON Give nearest lown)  ANDREWS AIR FORCE BASE  51 DAYS  ANNAPOLIS  ANAME OF HOSPITAL (find in hospital, give street oddress)  TES INS  TES INS		E GEORGES	(19.00)	MARYLAND		YLAND	B. COUNT	ANNE ARUI	NDEL
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OR INSTITUTION  ISAF HOSP ANDREWS, WASH 25 DC  ISAM FORD  ISAM ISAM OCCUPATION (Give kind of word done lob. KIND OF BUSINESS OR INDUSTRY II. INITIAL (Sind of order done) ISAM FORD  ISAM F				de de districto had		Law - A - Common Com			10.0501051105
3. NAME OF THE STATES  3. NAME OF THE STATES  3. NAME OF THE STATES  5. SEX	d. NAME OF HOSPI' OR INSTITUTION	TAL (If not in hospitol, gi	ive street oddre	ss)	d. STREET	ADDRESS	031	C-10	e. IS RESIDENCE ON A FARM?
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MALE CAUCASIAN WIDOWED   DIVORCED   19 NOVEMBER 1887   72 yr. Months Doys Host Min.  100. USUAL OCCUPATION (Give kind of work done   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stoke or Foreign country)   12. CITIZEN OF WHAT COUNTRY ACTIVE WAS UNITED STATES   13. FATHER'S NAME   LAND THE STATES   LAND THE STA	S. SEX	6. COLOR OR RACE	7. MARRIED		1		9. AGE (In years		R IF UNDER 24 HRS.
ALVA S CUMMINGS  13. FATHER'S NAME  ALVA S CUMMINGS  15. WAS DOCESSED EVER NU. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  MRS WINTFRED GROW (WIFE)  18. CAUSE OF DEATH [Enter only one couse per line by (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoling the under  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	MALE		4		19 NOVI	EMBER 1887			Hours Min.
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20c. TIME OF INJURY Month, Doy, Year Hour o. m.    19	20a. ACCIDENT W.	G CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter noture	of injury in Part I or Po	ort/II of ife/n 1B.)	1	
Hour o. m. p. m.  19 While at work of work footory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased fram.  22. I certify that (I) (this hospital) attended the deceased fram.  22. SIGNATURE  22. SIGNATURE  M.D. PHYS.  22. PHYSICIAN'S NAME (Type)  MAXWELL W STEEL JR, LT COL USAF (MC) USAF HOSP ANDREWS, WASH 25 DC  230. BURIAL, CREMATION, REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR'S SIGNATURE  Moderate of the deceased fram.  19 While at work of work of work of two work.  19 While at work of work of two work.  19 While at work of work of two work.  19 While at work of work.  19 While at wor								V	
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saw the deceased alive an	21 I certify the	at (I) (this bossital	) attended t	the deceased from	Sen.	1955 to	2000	t 1960 1	that (1) (we) last
220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  M.D. ATTENDING MED. STAFF SIGNED  PHYS. DIRECTOR PHYS. D  221. ADDRESS  NAME (Type)  MAXWELL W STEEL JR, LT GOL USAF (MC) USAF HOSP ANDREWS, WASH 25 DC  230. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL (Specify)  BURIAL (SPECIFY)  10-24-1960  Arlington Natil Comptension, Va.  24. FUNERAL DIRECTOR'S SIGNATURE  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	The state of the s	11	201			125			
M.D. ATTENDING DIRECTOR DE STAFF.  22c. PHYSICIAN'S NAME (Type)  MAXWELL W STEEL JR, LT COL USAF (MC) USAF HOSP ANDREWS, WASH 25 DC  23c. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  BURIAL (Specify)  10-24-1960  Arlington Nat'l, Cemotory  Arlington, Va.  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ATTENDING DIRECTOR DISTAFF.  22d. ADDRESS, WASH 25 DC  23d. LOCATION (City, town, or county)  Arlington, Va.  25c. Registrar 25b. Registrar's SIGNATURE		ised drive dil	1	. 1732327 dila mai	dedin occurre	ed di Z. Ain, itali	Time couses di	na an me au	
22c. PHYSICIAN'S NAME (Type)  MAXWELL W STEEL JR, LT COL USAF (MC) USAF HOSP ANDREWS, WASH 25 DC  23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL (Specify) B	1/10	. VI. 1/1 14	1. C.L.	fer	ATTENDIN		STAFF	7	
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Burial 10-24-1960 Arlington Natil, Compter Al'Ington, Va.  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ANDRESS			)F 23c	. NAME OF CEMETERY	OR CREMATORY			or county)	(Stote)
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Robert A. Pumphrey

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

Day

Days

US

(County)

Chilling S. Thouse

DATE OCT 2 7 '60

e. IS RESIDENCE

ON A FARM?

YES NO TO

Yeor

19 60

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMEDY YES NO

> > (Stote)

22b. DATE

(Stote)

60

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Page 4	irector, ed with	1
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	ined by the haspital ar attending physician.  **DIRECTOR: After this certificate has been signed by the attending physician and completely filled from the funeral director. In the detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1-4-1d 2 shauld be filed with	
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TEND	ined by the haspital ar attending physician.  **DIRECTOR: After this certificate has been signed by the detached for use as the burial-tronsit process.	ard of Health prior ta burial, crematian, or removal, and in any event within 72 haurs after death.
R AT	RECTO	H Jo F
0	COP	J.C

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince Georges Maryland Montgomerys b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly davs Glen Echo Heights d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 6004 Walhonding Road Prince Georges General Hospital NAME OF 4. DATE First Middle DECEASED DEATH (Type or print) Hamilton. Marv Oct. Tewell 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH lost birthdoy) Months WIDOWED T DIVORCED [ Female White Octa 1885 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Maryland X 9030x Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Dillehay Martha Jewell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address George W. Jewell-son-Riverdale, Maryland Unknown No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) o. m. While Not while n m ot work of work 21. I certify that (I) (this haspital) attended the deceased fram. 1960 and that death accurred at 11 At 500m the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE ATTENDING PHYS. DIRECTOR | PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Dr. William Rosson M.D. - 85th Ave. Hyattsville.. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Cemetery Washington, D 25b. REGISTRAR'S SIGNATURE

Bethesda, Maryland

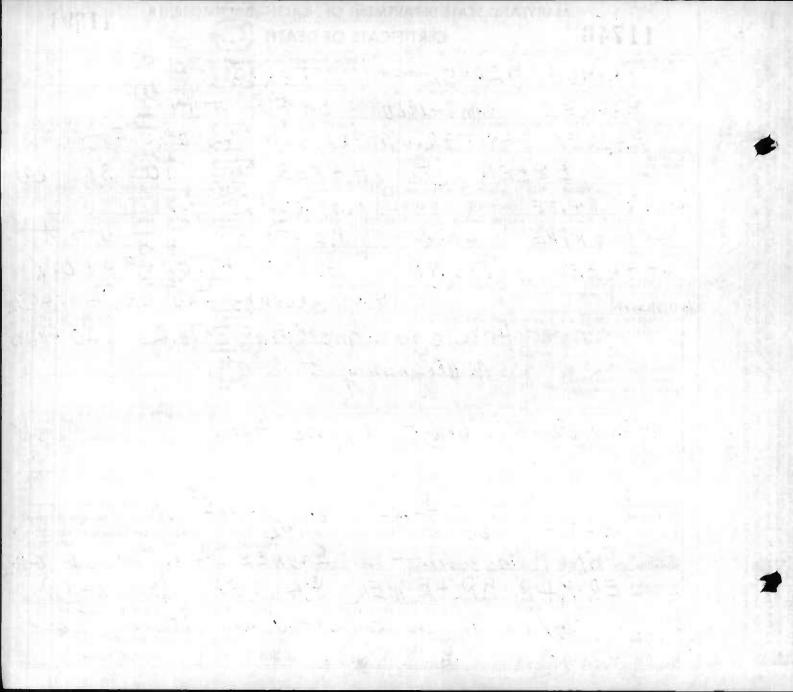
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	11746 CERTIFIC	ATE OF DEATH	Reg. Dist. No.
)	1. PLACE OF DEATH O. COUNTY PRINCE BEDRYEMARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	ved. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate	e limits, write RURAL ond give neorest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  AUREL SANITARIUM	302 WEST MAR	BNOPIA Strugger NO P
	3. NAME OF DECEASED (Type or print)	HAKES 4. DATE OF DEATH	Month 3 / 1960
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	MAY 16-1890	AGE (In years lost birthday)  Months Days Hours Min.
)	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	KENTUCKY	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME CHARLES A. BUND	14. MOTHER'S MAIDEN NAME ELLEN W	THERSPOON
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (If yes, no, or unknown)  (If yes, give wor or dates of service)	109D. RELURDS	FAUREZ DANITARIO
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)	norderax	519,2 INTERVAL BETWEEN ONSET AND DEATH
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU antenies blengt be begant	thot related to the terminal disease c dio cuse 420,	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Port II	of item 18.)
		LACE OF INJURY (Home, form, 20f. (City or octory, street, office bldg., etc.)	town) (County) (Stote)
	21. I certify that I attended the deceased fram. 7-19- alive an 10-31-, 1960, and that deat	19.60 to 10 - 31 h accurred at 11 - 3M, from the	e causes and an the date stated above.
	SIGNATURE Di AM P. KNUEMINS	M.D. PAURER O	ANI JARIUM 10-31-
	PHYSICIAN'S ERIKAP. KRAEMI	ER LAURER	MARYZAND
11	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Of Mussians	Burral Park San	antonio, Tefas
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRA DATE MOV 4 '60	



VS. A15ME(5) 5M 9/55

o & o	3	11703 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
should cremoti	M	1. PLACE OF DEATH a. COUNTY D. STATE D. COUNTY
Page A		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  On figure nearest town)  DOH  Washing  On the Corporate limits, write RURAL ond give nearest town)
by is necdirector.	099	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street artices)  ON A FAR  YES NO.
uneral vour pregiste		3. NAME OF DECEASED (Type or print) NOEL Teving HERPICH DEATH 16 - 14 19 G
th. If to the fined for ith the		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED 12 23 3 4 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ond 2 w		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or fareign country)  12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or fareign country)  12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or fareign country)  12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or fareign country)  13. CITIZEN OF WHAT COUNTRY 14. BIRTHPLACE (Stote or fareign country)  14. S. W.
les 1, 2 5 may	(1)	GEORGEL Herbich. 114. MOTHER'S MAIDEN NAME (UNKNOWN)
thin 24 live Pog	()	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Wys. of a unknown   Wys. give wor or dyfor of services   252-52-9716 U.S. Navy Reaches   Nav-, App.
uted will n 18. C rm PM3 permit.		18. CAUSE OF DEATH [Enior Only One Couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) EEEBRAL LACERATIONS  IMMEDIATE CAUSE (a)
in Iter with fo	/	Conditions, if any, which) (b) Circles cons - Fracture Start ins
n penci a along b burial		gave rise to immediate cause (o), stating the underlying cause lost.  DUE TO (c) FACE PATEONS & Con Fusion 3
ding" is Office sed os	Λ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOIN PERFORMED YES NO
his cert d'pen ominer'	U	20g. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING   20b. DESCRIBE, HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  CAUSE OF DEATH.
the wor dical Ex e 3 shot	1/	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steen of the parts of work o
writing writing hief Med	10	21. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and find death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
ificate, or the Cl		ACTUAL & a for O Walkers M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNER
the cert	2	EXAMINER'S DAYTON OWATICINS DEPUTY MEDICAL EXAMINER DX 10-14 60
forwing of FUR	or 70	220. BINGIAL, CREMATION, 122b. DATE THEREOF PROVIDED TO STAND THE PROPERTY OF CREMATORY COMPANY COUNTY (Stole)

23. FUNERAL DIRECTOR'S SIGNATURE Co. 1400 Chapin

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11696

IFUNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? USA

e. IS RESIDENCE ON A FARM? YES NO Z

Charles Carellagan	
T Address	
S. Navy Reachds No	V-/ A-DY
*	INTERVAL BETWEEN ONSET AND DEATH
CRRATIONS +	S.
CECATON	
Fracture Slaur	1/1/187
+ Contuscins	
D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	PERFORMED?
	LES   NO M
of injury in Part I or Port II af item 18.)	
cordant TMV	
URY (Home, farm, 20f. (City or town) (Count	ly) (Stote)
office bldg., etc.)	Geo. Ml
l an/Autopsy 🔲, Inspection 🔀, Inquiry	, and find tha
, Hamicide 🔲, Undetermined cause 🔲.	
HEF MEDICAL EXAMINER	DATE SIGNED
SISTANT MEDICAL EXAMINER	
41.1	160
PUTY MEDICAL EXAMINER	4 90
RY Com 22d. LOCATION (City, town, or county)	(State).
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
C DATE OCT 24'60 arilan S.	times
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113/CIAN: The law requires that the death certificate be executed within 24 haurs after death. Tage		s certificate has been signed by the attending physician and campletely filled 🚅 the funeral directa	ise as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with	a burial, crematian, ar remayal, and in any event, within 32 hours after death.
dearn c		ittending	please	n any ev
The		he o	hen	i pu
s mar		by t	nit. I	val. a
dulre	٦.	signed	t pern	rema
× re	ciar	en	ansi	ō
The lav	g physi-	has be	rial-tro	nation,
 Z	nding	cate	ne bu	crer
TSICE	ar attending physician.	s certifi	se as th	burial,

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY  Pr:	ince George	3	MARYLAI		SUAL RESIDENCE . STATE	(Where decease	d lived. If instituti b. COUNTY		ce before a	dmission)
b. CITY OR TOWN (I RURAL ond give no Glenn Dale	If autside corporate limite earest tawn) (rural)	s, write	c. LENGTH OF STAY IN 11 days	1b c	CITY OR TOWN	(If outside corpo Vashingt		RURAL ond	give nearest	town)
OR INSTITUTION	TAL (If not in hospital, gi		address)		d. STREET ADDRESS		erson St.	, N.	1 (	S RESIDENCE ON A FARM? ES NO 5
3. NAME OF DECEASED (Type or print)	Firs Inc		Middle		Lost Herring	4. DATE OF DEATH	Mar 10		Day 18	Year 19 60
5. SEX Female		7. MARRI	ED NEVER MARRIED		TE OF BIRTH		9. AGE (In yeors lost birthday)	Manths	_	UNDER 24 HRS
10a. USUAL OCCUPATION during mast of ward Domestic		one 10b. I Mrs 132	Kapotsky  Delafield	P1.	11. BIRTHPLACE (SI	South		12. CITI	ZEN OF WI	HAT COUNTRY
13. FATHER'S NAME Frank Her:	ring	was	hington, D.	G. 14.	Minerva	N NAME  Willia	ams			
15. WAS DECEASED EVE		TES? 16. S	SOCIAL SECURITY NO.		Decedent	386	Add	ress		
Conditions, if a gave rise ta i couse (a), stating lying couse lost.	the under-	Mas Pul	sive pulmon	rculo	sis, far	advance			30 1 3 me	
200. ACCIDENT WA		1,94	ONTRIBUTING TO DEATH		White S			VEN IN PAR	P	PERFORMED?
Y 20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea	While	Not while of work	PLACE C factory,	PF INJURY (Home, street, affice bldg.,	form, 20f. (Cit	y or tawn)	(0	County)	(Stote
21 I certify the saw the decea 22a. SIGNATURE	at (I) (this haspital)	attend 10/18	ed the deceased fro 319_60, and th	am1	accurred at A	M, fram	the causes ar	, 19 <u>6</u> nd an the	e date st	ated abave
	Moe Weiss,				PHYS.  22d. ADDRESS	Glenn I	Dale Hosp	<b></b>	10/1	8/66IGNEI
23a. BURIAL CREMATIC REMOVAL (Specify)	ON, 23b. DATE THEREO	160	23c. NAME OF CEMETE Woodlawn				TION (City, town, hington,		C.	(Stote)
24. FUNERAL DIRECTOR	7	21	ADDRESS		25a. R	OCT 2 0 "		ISTRAR'S SIG	1 -	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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								Reg, Dist.	No.
1. PLACE OF DEATH	Prince Geor	reals							before admission)
	TIMEE GEOI	Res	MARYLA	ND G. SIAIE	Maryl	and	B. COUR	Prince	e George's
b. CITY OR TOWN	(If outside corporate limits, write m) Ville Md.	RURAL C.	LENGTH OF STAY IN 2 years	16 c. CITY C		outside cor		ite RURAL and giv	re nearest town)
	TAL OR INSTITUTION (I	f not in housite		d CTDECT	ADDRESS	ATTTE	PACE .		e. IS RESIDENCE
250	Pine St	r nor in nospira	, give street dadress)		53 Pi	ne St			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Evely		Middle Corrine	Hi Hi	ost .11	4. DATE OF DEATH	Oct	ober 27	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years	IF UNDER TYE	AR IF UNDER 24 HRS.
female	white	WIDOWED 5	DIVORCED [	June 2	4, 19	07	53 yr	s. Manths Day	s Haurs Min.
10a. USUAL OCCUPAT	ION (Give kind of wark ding life, even if retired)	ione 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHI	PLACE (State	ar fareign c	country)	12. CITIZEN	OF WHAT COUNTRY
2.7	ewife	OWN	home		Ohi	0		U	SA
13. FATHER'S NAME	0	OWL	HOME	14. MOTHER	S MAIDEN I	NAME			
Fr	ank Zimmern	nan			Nell		?		
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CESS 14 SOC	IAL SECURITY NO.	7 INFORMANE			Adda		
(Yes, no, or unknown)	(If yes, give war or dates of a	service)	1	laine .	Morga	n 8		ing Str	
ID CAUSE OF DE	ATH [Enter only one cour	en per line for l	a) (b) and (c) ]	Daugh	ter		Macon	Georgia	NTERVAL BETWEEN
	ATH WAS CAUSED BY:	A)	of, 101, and (c).	1112		0 -	11	Ö	INSET AND DEATH
TAKI II DE	IMMEDIATE CAUSE (a)	Jeno	tratin	3 400	ino	Ca	Fyen	Tel	
Canditions, if	DUE TO	+ He	est			/		0	not
gave rise to imm (a), stating the	ediate cause	01	1			1		7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
couse last.	(c)_	Tu	nshet	wo	un-				
PART II. O	HER SIGNIFICANT CONE	DITIONS CONTI	RIBUTING TO DEATH E	UT NOT RELATED T	O THE TERM	INAL DISEAS	E CONDITION C	GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED?
3									YES NO
PART II. O'  20g. EXTERNAL CO PRIMARY DE GO	USE WAS DITRIBUTING	b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of	injury in Par	at 1 or Port II	of item 18.)	wel	
	JRY Month, Day, Yea	20d. INJU	RY OCCURRED 200.	PLACE OF INJURY	(Home, farm	n, 120f. (City	y or tawn)	(County)	(State)
20c. TIME OF INJ		While of work	Nat while	factory, street, affin	ce bldg., etc.	-)			
	hot I took chorge			above, held o	n Autons	v 🗖 🗓	nspection 🌣	Inquiry ¶	, and find tha
	d from: Notural	-	Accident ,		Homicide		ndetermined		, one into the
	> /								
ACTUAL SIGNATURE	nexton	010	alkin	M.D. CHIEF	MEDICAL E	XAMINER [			DATE SIGNED
EXAMINER'S NAME (Type)	Dayton 0	Watkin	ıs			AL EXAMINE		10-2	7-66
220. BURIAL, CREMATI	ON, 226. DATE THEREO	F 22c	NAME OF CEMETER	OR CREMATORY		22d. LOCA	TION (City, town	n, ar county)	(State)
ransportat	ion Oct 29	, 1960	Bar	rnett		1	Georg	ria.	
23. FUNERAL DIRECTO			ADDRESS		24a. REC'	D BY REGIST		GISTRAR'S SIGNA	TURE
". Gasch	s Sons Hy	atteni	lle. Md.		DATE	OCT 31	'60	(1 11 0	
. descil	a - our uly	attsv1.	rie. Md.		DAIL		-	Cirthua 9.	94

VS. A15ME(5) 5M 9/55

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Secretary and the first of the secretary Market and the state of the party of the state of the sta Contract Concession of the contract of 112 2 2 2 2 2 2 5 5 7 7 the party william acom all thems

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MAR

AND STATE DEPARTMENT OF HEALTH	1100
STICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	1169
CERTIFICATE OF DEATH	

1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (WI		If institution: Resident	ce before admission)
Prince Georg	9	MAKTLAND	Maryland	Prin	ice George	
b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		nits, write RURAL ond g	give nearest town)
Cheverly		13 Hr.	Washington	27	20	
d. NAME OF HOSPITAL (If no			904 64th	ve. N.E.	1	e. IS RESIDENCE ON A FARM?
Prince George	General Hos	pital	704 0400			YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	Day Year
(Type or print) Mary		B	161919	DEATH	Oct. 8	19 60
S. SEX 6. CO	OR OR RACE 7. MARR	TED NEVER MARRIED	B. DATE OF BIRTH	9. AG	1 1 1 1 1	1 YEAR IF UNDER 24 HRS.
	Colored WIDOW		Oct. 189	30 1 80	yrs.	Days Hours Min.
10o. USUAL OCCUPATION (Give during most of warking life,	even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
HOUSE W	efe !			Ma.		4.84.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Mich	ael Ba	is ber	Sarah	Hope	we/1	
1S. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, giv	S. ARMED FORCES? 16. war ar dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	TI de	Address + 120 11	2
		17-	were smul	10 Au	al Mules	ma
18. CAUSE OF DEATH [En	ter only one cause per li	ne for (o),"(b), ond (c).]	/	2 0		INTERVAL BETWEEN
PART & DEATH WAS	CAUSED BY:	14 ARCIN	OMA of	CERU	11 %	ONSET AND DEATH
I I I X	DUE TO		100	-		
Canditians, if any, whi	ch)	111146	METASTA	15/5		
gove rise to immedia	ote (	00,7				
cause (a), stating the und	BT- DUE TO					
lying cause last.	) (c)					
PART II. OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED?
[8]						YES NO
PART II. OTHER SIGN	RLYING 20b. DESC ISE OF DEATH L EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of i	tem 1B.)	
20c. TIME OF INJURY Mon Hour a.m. p. m.			PLACE OF INJURY (Hame, farr		vn) (0	County) (State)
Hour a.m.	While	_ Not while _	foctory, street, office bldg., etc	c.)	preside of l	
₹ p. m.	19 of wor	k at work				
21. 1 certify that (I) (t	his haspital) attend	led the deceased fram	19	o, to Oct	8 , 160	), that (I) (we) last
saw the deceased ali	ve an Oct 8-	1960, and that	death accurred at 3:1	M. AroM the c	auses and an the	date stated abave.
220. SIGNATURE	1//	/.				22b, DATE
Man	1//	4000	M.D. PHYS.	NED. STA	FF 📈	SIGNED
22c. PHYSICIAN'S	1	CCCC	22d, ADDRESS	IRECTOR   PHY	3. 4	
NAME (Type)			224. ADDRESS			
	DATE TUESCOS	Tarting		T		
23a. BURIAL, CREMATION, 23b	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (	City, town, or county)	(Stote)
DUNGU 1	0-14-60	17014/0	ce	di cal	(Y11115)	Mdi
24. FUNERAL DIRECTOR'S SIGN	The same	ADDRESS /	1.1 0 0 25a. REC	D BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE
1.4.1	allen	14, 13/-/	This 2 - DATE O	CT 1 4 '60	arilun S.	Kraus
11 6 11	1	4	2-7			

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## MARYLAND STATE DEPARTMENT OF HEALTH

1177	DIVIS	ION OF	STATISTICAL RESEARCH A CERTIFICA				ARYLAND		11'	700	0
1. PLACE OF DEATH o. COUNTY Pri	nce George	s	MARYLAND	2. USUAL RES	DENCE (W	here deceased	lived. If institution b. COUNTY	on: Residence	before	admiss	ion)
b. CITY OR TOWN (I	f autside carporate lim		c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpor	ote limits, write R	JRAL ond gi	ve near	est town	1)
Glenn Dale			16 days		Wasi	hington	1	1	47	X-	3
d. NAME OF HOSPIT OR INSTITUTION Genn Dale	AL (If not in hospital, of Hospital	give street	oddress)	d. STREET	ADDRESS	O Keni.		re. N		ON A	FARM?
3. NAME OF		rst	Middle	lo		4. DATE OF	Mon		Day	,	Year
(Type ar print)	Wil	liam	Α.	Hinton		DEATH	10/	18/			19 60
S. SEX			RIED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER 1		FUNDE	ER 24 HRS
Male	Negro	WIDOW	ED DIVORCED	3/2/18	397		63 yrs.	Months E	Days	Hours	Min.
10a. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHP	LACE (Stote	ar foreign co		12.CITIZ	EN OF	WHATC	OUNTRY
	t attendan		-	Non	th Ca	arolina		I	JSA		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
George Hin	ton			Malin	nda Je	effries					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. IN	FORMANT			Addi	ess			
No	-		Unknown	Decedent							
PART I. DEA  Conditions, if a gave rise to it couse (a), stoting lying cause last.	DUE TO  ny, which mmediate  DUE TO	met	ne for (o), (b), and (c).} nchogenic carc astasis to adr			main b	ronchus,	with	ONSE	kno	TWEEN DEATH WM
SCIETOSIS  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	kidney. S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CONTRIBUTING TO DEATH BUT COLORED MAS TATE: COLORED CRIBE HOW INJURY OCCURREN	atheroso	cleros of injury in	Part I or Port	II of item 1B.)	25		YES 4	NOL
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While	f-	ACE OF INJURY ctory, street, office			or town)	(Co	ounty)		(State
21. I certify tha	t (1) (this hospita	l) attend	ded the deceased fram	8/2/	70.19	60 . to_	10/18/	1960	L, tho	it (1) (	we) las
saw the deceas	ed alive on 1	1/18/	19_60, and that d	leath accurre	d at P.	M, fram	the causes an	d an the	date	stated	above
220. SIGNATURE	11.0/14	2		ATTENDIN	IG M	(ED	STAFF				SIGNE
00 000000000000000000000000000000000000	vive vic	M		M.D. PHYS.		RECTOR X	PHYS.			0/18	3/60
22c. PHYSICIAN'S NAME (Type)	Moe Weis	ss, M	• D•	22d. ADDR	ESS		Dale Ho				and with the last the last the last
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREC	OF	23c. NAME OF CEMETERY O	R CREMATORY		23d. LOCAT	ION (City, tawn,	ar county)		(Stot	e)
EMOVAE (Specify)	101191	00				Wash:	ington,	D. C.	200		
24. FUNERAL DIRECTOR	SSIGNATURE	1	ADDRESS	Λ	25a. REC	D BY REGISTI	RAR 25b. REGI	STRAR'S SIGI	NATURE	Ė	
HOWON	shought a	490	0 4925 Dea	ne level	DATE O	CT 21 '6	io a	Thur &	Krau	A	
1				116			2022				

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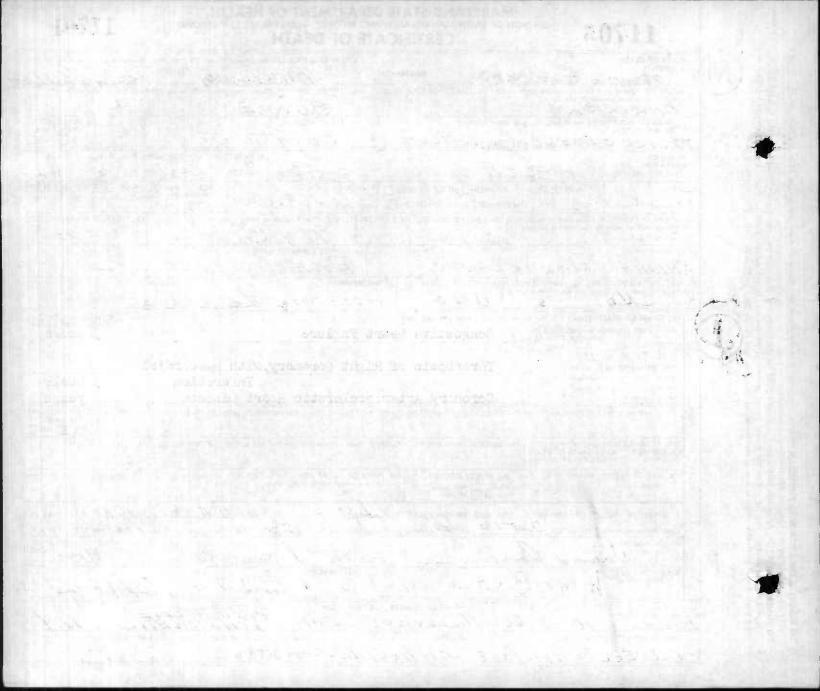
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11705

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY TRINCE GEORGES MARYLAND	a. STATE MARYLAND b. COUNTY PRINCE GRORGES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
PRINCE GEORGES GEN. ITOSP.	136 4TH 27, YES NO
3. NAME OF DECEASED (Type ar print) First Middle	Last 4. DATE Month Day Year OF DEATH OLD 16 1960
5_SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  S. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Haurs   Min.    J. yrs.   Manths   Days   Haurs   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)  Live Live Live Live Live Live Live Live	USTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.A
KALMAN ROSENKRANTZ	14. MOTHER'S MAIDEN NAME ROSE HIRSCHKOWITZ
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. ar unknown) (If yes, give war or dates of service)	HOSPITAL RECORDS
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	rt Failure Interval Between onset and Death 3 weeks
Conditions, if any, which ) (b) Thrombosis of 1	Right Coronary with Myocardial
gave rise to immediate couse (o), stoting the <u>under-</u>	Infarction 3 weeks
	iosclerotic Heart Disease years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED?  YES NO
	ED. (Enter noture of injury in Part I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an art 16 1960 and that	death accurred at 200M, from the causes and an the date stated above.
220. SIGNATURE . Brann	M.D. PHYS. DIRECTOR D
22c. PHYSICIAN'S NAME (Type) WM BRAIN IN	6124 central Dry Capital Ital.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 10-18-60 PELLWOO	DCEM. FREMINGOFFEND N.Y.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  60LDBERG FUNERAL HOME 421797H	STANDE DATE OCT 1 8 '60



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Y			/ <u> </u>
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## 11706

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 1	1	7	61	. (1)
- 3	1	6	17	1
-	- relian	-	0	-

1. PLACE OF DEATH o. COUNTY Prin	ce George	MARYLAN	n STATE	eNCE (Where deced		tion: Residence	ce before ad	missian)
	outside corporate limits, writ	c. LENGTH OF STAY IN 1		OWN (If outside cor	porote limits, write	RURAL ond g	give nearest (	town)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give str	eet oddress)	d. STREET AC		Il Read		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	rge General I First Madeline	C, Middle	Hubbard	4. DATI	М	onth	Day 2	Year 19 60
	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DOWED MED DIVORCED		1893	9. AGE (In year last birthday	s IF UNDER	1 YEAR IF U Days Ho	NDER 24 HRS.
during most af workir	N (Give kind of work done land life, even if retired)	0b. KIND OF BUSINESS OR IN		sh. D. (			J.S.A	AT COUNTRY?
	nes Donohue	/	7. INFORMANT		A	ddress		
	yes, give war or dates of service)	To. Social Second No.	Mrs. M.	A. Mass	chauer,	-daug	hter	2,4,2
PART I. DEATI	H [Enter only one cause per H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	r line for (o), (b), and (c).]	good gan	لك الله الله الله الله الله الله الله ال	1 1100 1100	, Ras		L BETWEEN
Conditions, if any gave rise to im cause (o), stating th	mediate DUE TO	arcinoma of th	- 20 - 50	19.11	hrosis		1	year
Iying couse last.   PART II. OTHE	10/	NS CONTRIBUTING TO DEATH			ase condition (	SIVEN IN PART	PE	AS AUTOPSY REFORMED?
	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of	injury in Part I or I	Part II of item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	, WI	d. INJURY OCCURRED 20e hile Nat while work of work	<ul> <li>PLACE OF INJURY (H factory, street, affice</li> </ul>	ome, form, 20f. (C bldg., etc.)	City or town)	(0	County)	(Stote)
saw the decease	10-1	ended the deceased from 2 19 60 and the	at death accurred	at 10:45 fr				
22c. SIGNATURE 22c. PHYSICIAN'S	from	e	M.D. ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	21	10/2	SIGNED
NAME (Type)	NL, E	TIENNE		- ou	egt (	1/	1	1d.
23a. BURIAL, CREMATION REMOVAL (Specify)	10-5-6	-	NO00 (	em. V	CATION (City, town	+-	D.	Stote
24. FUNERAL DIRECTOR'S	SIGNATURE Transport	363/Ha	1 -1.1,	DATE OCT 1		GISTRAR'S SIC		

To large former a line and the control of the contr 2 .mg .mg ... Previous ... 3 marriage ... 2 The state of the s 0 0 0 grant E Carlot and the Committee of the Committe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

t. the wind the part of the of the part of the part of the said A STATE OF THE STA Commence of the second of the TANGET OF THE PARTY OF THE PART SELLON TO THE SELECTION OF THE SELECTION MARKET STREET STREET STREET STREET STREET STREET in a Come Sugar to morning like white our value 

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, may be reprized by the haspital ar attending physician. TO FUNERA SIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 struckld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

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Loas

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11707

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		400	"	47

	e George	MARYLAND	O STATE	b COUNTY	ian: Residence befare admission)
	If outside carporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest tawn)
		lia Hr	Upper Marl	boro	07
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspital, give	e street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince	leorge Weber	al Hospital	R.F.D. 1	304 Westphalia	Road / YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Mg OF DEATH OCT	Day Year 28 19 60
	Jackson	Baby Boy	B. DATE OF BIRTH	9. AGE (In years	17
S. SEX		MARRIED NEVER MARRIED		last birthday)	Manths Days Haurs 2 Min.
Male	COTOLEGE	VIDOWED DIVORCED	Oct. 28,1	*	
Oa. USUAL OCCUPATION during most of worl	DN (Give kind af wark da king life, even if retired)	ne 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY
			Mar	yland	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Coomaa	Smith		Charlotte	L. Jackson	
S. WAS DECEASED EVE	R IN U. S. ARMED FORCE		INFORMANT		dress
Yes, no, ar unknown)	(If yes, give war or dates of serv	ice)	Mother	Same	
Tip. CAUSE OF DE	ma fr	se per line far (a), (b), and (c).]	Modiei	Dano	INTERVAL BETWEEN
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate the under- CC	Otelectoria	AT A LOT DELATED TO THE TERM	HINAL DISEASE CONDITION OF	VEN IN DADT 1/2) I.O. WAS ALITOPE
₽	TER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BO	ST NOT KEDATED TO THE TERM	MINAL DISEASE CONDITION GI	PERFORMED?
5				D . I D . II F ID .	YES NO
	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II of item 18.)	YES NO
	CAUSE OF DEATH	20d. INJURY OCCURRED 20e.	RED. (Enter nature of injury in PLACE OF INJURY (Hame, far, factory, street, affice bldg., et	m, 20f. (City ar town)	(Caunty) (Stat
20c. TIME OF INJUR Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year	20d. INJURY OCCURRED 20e. While Nat while at wark at wark	PLACE OF INJURY (Hame, fari factory, street, affice bldg., et	m, 20f. (City ar town)	(Caunty) (Stat
20c. TIME OF INJUR Haur a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Year  19  at (1) (this haspital)	20d. INJURY OCCURRED While Nat while at wark at wark at tended the deceased fram	PLACE OF INJURY (Hame, far factory, street, affice bldg., et	m, 20f. (City ar town)	(Caunty) (Stat 8, 19_60, that (I) (we) la
20c. TIME OF INJUR Haur a. m. p. m. 21. 1 certify tha	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Year  19  at (1) (this haspital)	20d. INJURY OCCURRED 20e. While Nat while at wark at wark	PLACE OF INJURY (Hame, farrifactory, street, affice bldg., et a. 15 death accurred at 9. ATTENDING	m, 20f. (City ar town)  0.60, ta Octo 2  Mo Fram the causes a	(Caunty) (Stat 8, 19_60, that (I) (we) la
20c. TIME OF INJUR Hour a.m. p.m. 21. 1 certify the saw the deceas 22a. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Year  19  at (1) (this haspital)	20d. INJURY OCCURRED While Nat while at wark at wark at tended the deceased fram	PLACE OF INJURY (Hame, far factory, street, affice bldg., et a. Oct 28 19 death accurred at 9	m, 20f. (City ar town)	(County) (State State St
20c. TIME OF INJUR Haur a.m. p.m.  21. 1 certify the saw the decease	at (1) (this haspital) sed alive an Oct	20d. INJURY OCCURRED While Not while at wark at the deceased from 2819_60 and that	PLACE OF INJURY (Hame, farification, street, affice bldg., et a. Oct 28 19 death accurred at 9.  M.D. ATTENDING APHYS. 22d. ADDRESS 69	Me Fram the causes at STAFF NOTE OF BALLIMORE AND	(County) (State 19, 19, 60, that (I) (we) land an the date stated abave 12b.DATE (SIGN)
20c. TIME OF INJUR Haur a. m. p. m.  21. I certify the saw the decea: 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	at (I) (this haspital) sed alive an Oct  Dr. Thomas	20d. INJURY OCCURRED While Not while at wark a	PLACE OF INJURY (Hame, farifactory, street, affice bldg., et a. Oct 28 15 death accurred at 9. ATTENDING DE PHYS. DE 22d. ADDRESS 69. M.D. Co	Me Ham the causes at PHYS. A DOSBALLIMOTE AND DILEGE PARK, MC	(Caunty) (State 19, 19, 60, that (I) (we) land an the date stated abave 22b.DATE (SIGNE)
OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR  Haur a. m. p. m.  21. 1 certify the saw the deceast 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	CAUSE OF DEATH MEDICAL EXAMINER)  IY Manth, Day, Year  19  Ot (I) (this haspital)  sed alive an Oct.  Dr. Thomas  DN, 23b. DATE THEREOF	20d. INJURY OCCURRED While Not while at wark   20e.  attended the deceased fram 28 19 60 and that  A. Christensin ,1  23c. NAME OF CEMETERY	PLACE OF INJURY (Hame, farification, street, affice bldg., et al., and the control of the contro	Me Fram the causes at the course of the cour	(County) (State)  (County) (State)
20c. TIME OF INJUR Haur a. m. p. m. 21. 1 certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATIC REMOVAL (Specify) Cremation	CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Year  19  at (1) (this haspital)  sed alive an Oct.  Thomas  ON, 23b. DATE THEREOF	20d. INJURY OCCURRED While Not while at wark   20e.  attended the deceased fram 28 19 60 and that  A. Christensin ,1  23c. NAME OF CEMETERY	PLACE OF INJURY (Hame, farifactory, street, affice bldg., et a. Oct 28 19 death accurred at 9. ATTENDING APHYS. COOR CREMATORY	Moderation (City, town)  20f. (City ar town)  20f. (City ar town)  20f. (City ar town)  21d. (City ar town)  22d. (Coatlon (City, town, Hospital, Chev	(County) (State)  8 , 19 60, that (I) (we) la nd an the date stated abave 22b.DATE SIGNE (Co. S.) (Co.
20c. TIME OF INJUR Haur a. m. p. m.  21. 1 certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATIC REMOVAL (Specify)	CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Year  19  at (1) (this haspital)  sed alive an Oct.  Thomas  ON, 23b. DATE THEREOF	20d. INJURY OCCURRED While Not while of work   20e.   attended the deceased from 28 - 19 60 and that  A. Christensen ,  23c. NAME OF CEMETERY Prince George	PLACE OF INJURY (Hame, farifactory, street, affice bldg., et a. Oct 28 19 death accurred at 9. ATTENDING APHYS. COOR CREMATORY	AECOR STAFF A  OSBALTIMOTE AV	(Caunty) (State (Caunty) (State (Caunty) (State (Caunty) (State) (Stat
20c. TIME OF INJUR Haur a. m. p. m. 21. I certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATIC REMOVAL (Specify)	CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Year  19  at (1) (this haspital)  sed alive an Oct.  Thomas  ON, 23b. DATE THEREOF	20d. INJURY OCCURRED While Not while at wark   20e.  attended the deceased fram 28 19 60 and that  A. Christensin ,1  23c. NAME OF CEMETERY	PLACE OF INJURY (Hame, farifactory, street, affice bldg., et al., et a	AECOR STAFF A  OSBALTIMOTE AV	(County) (State)  8 , 19 60, that (I) (we) land an the date stated abave 22b.DATE SIGNING CO. (State)  or caunty) (State)  rerly, Maryland

\* The second secon The Late of the State of the St . . . 2.00 A STATE OF THE STA .or, car averno .u.i. gamefurido o a com .u. and a year of the less and the contract of the first of the less than the contract of the cont

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe-	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 1948.	TO FUNA I DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration to burial, greanation,	amo.yol.	
TO DEPUTY MEDI	cute the certifica	farwards to the	TO FUNE IL DIRE	or removal.	
A2	A	154	ME(	2)	

5M 9/55

1. PLACE OF DEATH o. COUNTY	Prince Geo	rges	MARY	rLAND	o. STATE Mary		sed lived. If Institu b. COUNT		dence be		
b. CITY OR TOWN and give necres to West Hyat	(If outside corporate limits, write was)	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III		porote limits, write tsville l		nd give n	earest to	wn)
	salfour Driv		spital, give street addre	13)	d. STREET ADDRESS	lfour	Drive			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Anna	at .	Marie		Jensen	4. DATE OF DEATH	Monti		Doy 1960		'ear
s. sex female	6. COLOR OR RACE white	7. MARRI	DIVORCED		October 2,	1861	9. AGE (In years tout birthday) yrs.	Months	R TYEAR Days	Hours	ER 24 HRS Min.
	TION (Give kind of work ing life, even if retired) OUSEWIFE	done 10b. I	kind of Business or wn home	INDUSTR	11. BIRTHPLACE (Stote Denmark	or foreign	country)		S A	F WHAT	COUNTRY
13. FATHER'S NAME	Skow				14. MOTHER'S MAIDEN N	name nknown					
15. WAS DECEASED (Yes, no. or unknown)	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INI	FORMANT	790	Kreeker		re	DAG	
	ATH [Enter only one country on Countr	1	none for (o), (b), ond (c).]	Jo	hn M Jenson y Eade	Mo	elphi 1	du.	ONSE	TVAL BETWEET AND DE	EN ATH
Conditions, if gove rise to imm (o), stoling the couse lost.	ATH [Enter only one country one only one country one c	Pu Pu ar	for (0), (b), and (c).]	as	en M Jenson  Lester  DT RELATED TO THE TERMI	Heo	rt du	fu	Q 7	P. WAS	AUTOPSY PRMED?
Conditions, if gove rise to imm (o), stoling the couse lost.	ATH [Enter only one country on	Properties of the properties o	for (0), (b), and (c).]  Leven  Aeria  Describing to Death	OCI BUT NO	y Eade Peratic	Heo Heo INAL DISEAS	at du	fu	Q 7	CONTRACTOR	AUTOPSY
Conditions, if gove rise to imm (c), stoling the couse lost.  PART II. OF PRIMARY OF COUSE OF DEATH	AUSE WAS ONTRIBUTING DAY, Yec.	DITIONS CO.	FOR (a), (b), and (c).]  ACL D  ONTRIBUTING TO DEATH  E HOW INJURY OCCURRED  Not white  Not white	H BUT NO	Entice  DT RELATED TO THE TERM	Head INAL DISEAS	E CONDITION GIV	Du NEN IN PA	Q 7	P. WAS	AUTOPSY PRMED?
Conditions, if gove rise to imm (c), stoling the couse lost.  PART II. OF PART II. OF CAUSE OF DEATH  20c. TIME OF INJ Hour o. m p. m  21. I certify	ATH [Enter only one country one country was CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Only, which edicate couse underlying  THER SIGNIFICANT CONITION CONTENT CONITION	DITIONS CC  DITIONS CC  While of wo of the I causes R	TOTAL	H BUT NO	TRELATED TO THE TERMINATE OF INJURY (Home, formy, street, office bldg., etc.	INAL DISEAS  I or Port II  O, 20f. (City)  Y , III  CAMINER  AL EXAMINE	of item 18.)  or town)  inspection X,  ndetermined co	(Con Inquiring Control of Control	ONST 1(a) 1	9. WAS PERFO	AUTOPSY PRAED? NO Store)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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				12-19-12-12-12-12-12-12-12-12-12-12-12-12-12-
	E-MAN			
1111		- N. T. T.	11 12 11 20 23 - 28	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	4 shauld be		I, crematian,	(	1		
is necessary,	ectar. Page		riar to buria			The second	G
f any delay	e tuneral dir	far your	e regist				
ter death.	and 3 to the	be retained	and 2 with th				
24 hours of	Pages 1, Z,	Page 5 may	ile pages 1 o				
ecuted withir	em 18. Give	farm PM3.	TO FUNDAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regist, parial, crematian,	(		I	\
should be ex	n pencil in It	along with	a burial-trans		/		V
s certificate	bending	iner's Office	be used os				-
MINER: This	g the ward	ledical Exam	age 3 should			(	J
EDICAL EXA	ricate, writin	the Chief M	IRECTOR: Po				
DEPUTY M	ure the cerri	arway to ta	FUN AL D	r removal.		-	A.
5	U	-	2	0	/	1	Y
VS.	A M	9/:	AEI	8h	1	1	1
			/	U	2	0	

-	117(	):) ME	DICA	L EXAMINE				F DEATH	Reg.		170	6
'		nce George		MARYLA		O STATE	ryland	b. COUNT				
F		outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN D.O.A.	1b	c. CITY OR TOW	U	orporate limits, write				
	d. NAME OF HOSPIT			pital, give street address)		d. STREET ADDR	ESS			T i	ON	ESIDENC A FARM
3.	NAME OF -DECEASED (Type or print)	Major I	elano	Johnson, Jr		Last	4. DATE OF DEATH	Mont Oct. 2		Day	Y:	ear 9
5.	Male Male	6. COLOR OR RACE Colored	7. MARRIE	DIVORCED	B. DA	- 0	760	9. AGE (In years fast birthday) yrs.	Months	Days	Hours Hours	ER 24 HI Min.
10	during most of working NON	ig life, even it refired)	done 10b. K	IND OF BUSINESS OR INI	DUSTRY		State or foreign	country)		U.S.	F WHAT	COUNT
13	3. FATHER'S NAME Major D	elano Johns	son, S	r.	14.	MOTHER'S MAID	Marie F	inknev			al.	
		ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	social security no. None	7. INFOI			Address		2		
	Conditions, If a gave rise to immedia), stating the cause last.	diate cause underlying DUE TO		neumo	ne	· Z	ober			Class	rela	
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH B	UT NOT	ELATED TO THE	TERMINALDISEA	ASE CONDITION GI	VEN IN PA		9. WAS A PERFO YES [	AUTOPS' RMED? NO
		JSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter	noture of injury i	n Part I or Part	II af item 1B.}				
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yes	While			F INJURY (Home, Ireet, office bldg.		ity or town)	(C	County)		(State
	death resulted	from: Natural		emains described of Accident ,	Suicide	, Hami	1 // 1	Inspection Number	Inqu cause [	iry 🛛	, and f	find th
·	SIGNATURE EXAMINER'S	and an o		v ins	м.	ASSISTANT M	EDICAL EXAMIN	HER 🔲				
22		Dayton O. W		22c. NAME OF CEMETERY	OR CRE		22d. LOC	ATION (City, town,	or county	)	Stote	0)
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274 11-1 MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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J.		OLK I	II OAII	OI DEATH	•		Reg. Dist. No	0.
o. COUNTY Pri	lnce George	S 1 MARY		STATE Maryl		ived. If institution b. COUNTY		fore admission) Georges
Suitland	(If outside corporate limits, earest town)	write c. LENGTH OF STAY	IN 1b	Suitland	utside corporat	le limits, write RL	JRAL and give n	earest town)
d. NAME OF HOSPI OR INSTITUTION #7 Summer	TAL (If not in hospital, give Road	street oddress)	ĺ.	d. STREET ADDRESS #7 Summer	Road			IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO     NO
3. NAME OF DECEASED (Type or print)	First Augu	Middle Leta Le		idwell	4. DATE OF DEATH	Mant		7 19 60
s. sex Female		MARRIED NEVER MARRI		TE OF BIRTH  1y 10, 18	72 9.	AGE (In years lost birthday) 88 yrs.	Manths Days	R IF UNDER 24 HRS Hours Min.
10o. USUAL OCCUPATI during most of wor Housew	king life, even if retired)	0wn Home	OR INDUSTRY	Marylan	3	ntry)		OF WHAT COUNTS
13. FATHER'S NAME	n Boswell	O WAZ INCANO	14	MOTHER'S MAIDEN N	IAME	le		
	ER IN U. S. ARMED FORCE: (If yes, give wor or dates of service					#7Add	Summer Shinete	Road.,
gove rise to couse (a), stoting lying couse lost.  PART II. OT	the under: DUE TO	TIONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE C	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	6. DESCRIBE HOW INJURY O	ccurred. (E)	ter nature of injury in F	Port 1 or Port II	of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	SP Red Contribution	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE (	DF INJURY (Home, farm, street, office bldg., etc.	20f. (City or	r town)	(County	y) (Stole
21. I certify to alive on Q	end of tended the december of the Variation of the Variat		≥M.D.		ver H	the causes a et, city or town, 111 Ros	nd an the d	saw the deceas ate stated aba DATE SIGN
220. BURIAL, CREMATIC REMOVAL (Specify BULLS	ON, 226. DATE THEREOF 10/21/60	22c. NAME OF CEM Cedar I		matory emetery	22d. LOCATIO	on (City, town, o	Ma)	ryland
23. FUNERAL DIRECTOR	r's signature ros. Fun'l	Home-Upper	Marl	000 , 240. REC'E	ON 2 '6		other S. H	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 full be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 2 full be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 full be detached for use as the burial, and in any event within 72 hours after death.

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#### 11711

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

)	1. PLACE OF DEATH o. COUNTY PRINCE GEORGE S	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARYLAN	b. COUNTY	n: Residence befor	e admission) SORGE * S
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  CHEVERLY	ength of stay in 1b  2½ months	c. CITY OR TOWN (If outs	ide corporote limits, write RL	JRAL and give nea	rest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION 2821 - 63rd PLACE	955}	d. STREET ADDRESS  2821 - 6	3rd PLACE		ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MELVA (COME)	N CE Middle KNEESSI	Lost 4	OF DEATH OCTOBER		Year 19 <b>50</b>
1	S. SEX    6. COLOR OR RACE   7. MARRIED [   WHITE   WIDOWED	THE VERN MARKINES	DATE OF BIRTH	9. AGE (In years lost birthdoy) 41 yrs.	Manths Doys	Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired)  10b. KIND  10cer  13. FATHER'S NAME	of Business OR INDUSTR	Washington, 14. MOTHER'S MAIDEN NAM	D.C.	12. CITIZEN OF	what country?
	JOHN A. KNEESSI		IRENE KINE			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		ORMANT STER J. FLETCH	Addr		EVERLY,MD
	1B. CAUSE OF DEATH [Enter anly one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONT	rebul him belighte to	orly a  Neverloop  OT RELATED TO THE TERMINA	al disease condition GIV	ONS	PVAL BETWEEN ET AND DEATH ET AND DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH DEATH AND DEATH
)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJUR	Y OCCURRED 20e. PLAC	(Enter noture of injury in Por EE OF INJURY (Home, farm, rry, street, affice bldg., etc.)	tt I ar Part II of item 1B.)  20f. (City or town)	(Caunty)	(State)
	Hour o. m. y. m. 19 While of work	Not while of work				
	21. I certify that (I) (this haspital) attended to saw the deceased alive an	the deceased fram  19 40, and that dec	ATTENDING MED.	, fram the causes an		at (I) (we) last stated abave. 22b. DATE 11/1/60
-	NAME (Type) LEON R. LEVITSKY		3408 RHODE	ISLAND AVE.,	R.RAINIE	R,MD.
	REMOVAL (Specify)	C. NAME OF CEMETERY OR		PRINCE GEO. C		(State) ARYLAND
	24 FUNERAL DIRECTOR'S SIGNAPHREEY, INC.	ADDRESS SILVER SPRING	DATEOV		STRAR'S SIGNATUR	

C. TANAMO, LA SECOLO MENTE, DE CENTRA DE CENTRA DE CONTROL DE CONT

NACE TO LOCK WAR. NAV. C. A SEE MOORN HOUSE ... WAS A SEE MOORN HOUSE ... WAS A SEE MOORN HOUSE ...

11710

			Keg. Disi	1. 110.	
PLACE OF DEATH O. COUNTY DELIVER CEODERS MARYLAND	o. STATE	Where deceased lived. If	institution: Residence	e before admission)	
FRINCE GEURGES	(DISTRICT	02 00000200		7,600.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (	f outside corporate limits.	write RURAL and gi	ive nearest town)	
ANDREWS AIR FORCE BASE 50 DAYS	/ WASHINGT	ON (RURAL)			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS			e. IS RESIDE	NCE RM?
USAF HOSP ANDREWS, WASH 25 DC	6349 BRA	NCH AVE SE		YES N	
NAME OF First Middle	Lost	4. DATE	Month	Day Year	r
OECEASED (Type or print) MINNTE MAE	KOOGLE	OF DEATH O	CTOBER	79 10	60
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	yeors IF UNDER 1	YEAR IF UNDER 2	
FEMALE CAUCASIAN WIDOWED DIVORCED	9 APRIL 188	lost birt	hdoy) Months	Days Hours	Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND				ZEN OF WHAT CO	HINTRY
during most of working life, even if retired)					
HOUSEWIFE HOME WORK 3. FATHER'S NAME		LAND	UNI	FED STATE	S
	14. MOTHER'S MAIDEN				
William Martin McGrew	7 A	usan Harris			
(Value of the control	INFORMANT		Address		
726-10-6921	MRS DOROTHEA	M EDDINSS	6349 BRAI	NCH AVE S	F.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]				INTERVAL BETWE	EEN
PART I. DEATH WAS CAUSED BY: DADILLE MILET				ONSET AND DE	ATH
IMMEDIATE CAUSE (a) TOURNOVIUS	2			J. Gal	13
DUE TO / Augustino for	make til	· · · ·	hotol	(	)
Conditions, if ony, which gove rise to immediate (b)	are full	re, and	mees)		
couse (o), stoting the under.  lying couse lost.  DUE TO  Generalized	arterio	Aclerasis		15 Ye	AR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TER	MINAL DISEASE CONDITION	ON GIVEN IN PART	1(o) 19. WAS AUT PERFORME YES N	ED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH	ED. (Enter noture of injury	in Port I or Port II of item	18.)		
	PLACE OF INJURY (Home, for octory, street, office bldg.,	orm, 20f. (City or town)	(Ce	ounty)	(Stote)
Hour o.m.  19 While Not while of work of work	octory, arece, ornes ologe,				
21. I certify that I attended the deceased from 1. Sept	- 10/00 to	19 Oct 1	0/204-111		
, , , , , , , , , , , , , , , , , , , ,					
alive an 19 (1) and that deal	h accurred at 142				
ACTUAL PALLEY of a I ALLON	77.017 77.0	ADDRESS (Street, city or	town, stole)	1/1	SIGNE
SIGNATURE COMMENT OF A JUNE 18	M.D. USAF HO	SP ANDREWS			Les (
PHYSICIAN'S TOPETATO O DOTTO CAPE TIGATE NO	4 3 770 73777 7 0				_
NAME (Type) EDWARD G DOWDS, CAPT USAF MC	ANDREWS	AIR FORCE E	BASE, WASH	HINGTON 2	5,
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City.	town, or county)	(Stote)	
Burial Oct. 22.1960 Mount Olive	t Cmetery	Frede	erick.	Marylan	id
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			REGISTRAR'S SIG	· ·	
M. R. Etchison & Son, Frederick, Marvl		OCT 2 4 '60	aritur .		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNER SHECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 strong by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

2y the funeral director,

ease ere-	ematian,	^
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Panes 1, 2, and 3 to the funeral director. Page 4 should be	farwared to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fee.	N
delay is ne	or Cas	)
ith. If any to the fune	ined far yo	
3 after dea	l and 2 w	
hin 24 hour	Page 5 m File pages	
ecuted will	form PM3.	
ould be ex	Jong with burial-tran	
rtificate sh	r's Office o	
ER: This ce	should be	
EXAMINI	nief Medico	
MEDICAL Sertificate.	to the Cl	ol.
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PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (19 out and give nearest toy

	DICA	L EXAMINI	-K 3	2. USUAL RESIDENCE				Diet No		
Prince Ge	orge	MARY	AND	g. STATE Mary						
side corporate limits, write RURAL c. LENGTH OF STAY IN 16		N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hyattsville							
or institution (ii	Ave.	pital, give street address	)	d. STREET ADDRESS 8112 No	w Ham	pshire A	ve.	1	ON	ESIDENCE A FARM?
Firs Mezwl		Middle M	Kı	lost inowsky	4. DATE OF DEATH	Oet.	<sup>th</sup> 28	Day		Year 1960
COLOR OR RACE	7. MARRII	DIVORCED		3/27/97		9. AGE (In years lost birthday) 63 yrs.	Months	R 1YEAR Days	Hours	Min.
(Give kind of work d	one 10b. I	CIND OF BUSINESS OR I	NDUSTI	11. BIRTHPLACE (Ste	ote or foreign	country)	USA 12. C	TIZEN O	F WHAT	COUNTRY
J/ Marti	n			14. MOTHER'S MAIDEN		Gains		10.5		
IN U. S. ARMED FOR yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	Max	FORMANT rgarrette	K. Ed	wards 81	12 N	. н.	Ave	
[Enter only one cous WAS CAUSED BY: MEDIATE CAUSE (o)		for (o), (b), ond (c).]	ıa						RVAL BETWEET AND DE	
DUE TO which) (b)		ertesive		diovascal	Lu ar	renal d	lease	d		-

NAME OF DECEASED (Type or print) 5. SEX Female 10a. USUAL OCCUPATION during Houseway 13. FATHER'S NAME Eugane 15. WAS DECEASED EVER 18. CAUSE OF DEATH PART I. DEATH Canditians, if any, gove rise la immediate DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO I 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry , and find that death resulted from: Natural causes ... Accident , Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL Specify) 11/1/60 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Arlington National Cemetery Arlington Va. 33. FUNERAL DIRECTOR'S SIGNATURE 4812 Ga. AVE. N.W. D.C. ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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						Market College
						DE DES

### 11712 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11712

	Key, Dist. Ito.
1. PLACE OF DEATH P. COUNTY Prince George's MARYLANG	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTYPr. Geo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Cheverly \$.0.A.	Mt. Rainier
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Pr. Geo. Gen. Hosp.	3333 Buchanan St.
3. NAME OF DECEASED (Type or print) DONALD JOSEPH K	URZ 4. DATE Manth Day Year OF DEATH Oct. 7 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED	6 Sept. 1926 34 Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if refired) Salesman Wholesale Trad	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph A. Kurz	M. Fay Rude
(Ver no or unknown) 1 (If we give wer or deter of remine)	INFORMANT Address
Yes WW II	Margaret G. Kurz (Wife) Same as # 2
Conditions, if any, which gave rise to immediate cause (a), stoling the underlying cause last.  (b) Cumpaul  (b) Cumpaul  (c) Furthure	Frontiere Skull mick
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO F
	(Enter nature of injury in Port Pos. Port II of item 18.)
200 p.m. oct ) 1960 of work of work 1990	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) (State) (County) (County) (State) (State)
21. I certify that I tack charge of the remains described abdeath resulted fram: Natural causes , Accident  So	
ACTUAL Day An owalkers	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S Dayton O. Watkins	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 11 Oct 60 Arlington Na	4 7
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE OCT 1 3 '60 Chilling S. Khaus

VS. A15ME(S) SM 9/55

Linkestment world. Tolin Day .J THE RESIDENCE OF STREET STREET, STREET The Manual Park W 0 The same of the sa To you will aliged the many the many to the state of the . Mind on all single single TO THE WALLOW TISE PROGRAM 2 W BE 1902 Claim the District TO SOUTH THE WAY TO SEE THE SECOND SERVICE OF THE SECOND S Manager with the company of the comp The second record of the second to second the second of the second secon malenalis company and a compan 

### MARYLAND STATE DEPARTMENT OF HEALTH 11713 MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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Page	the funeral director, 2 should be filed with	M	1. 1	COUNTY Prin	ce (
executed within 24 hours ofter deoth.	the funeral 2 should be f		ŀ	Cheverly	arest taw
Ffer	he fu		,	d. NAME OF HOSPIT	AL (If nat
rs o	100	57	. 1	OK INSTITUTION	org
hon			3. 1	NAME OF	
n 24	illection of h.			DECEASED (Type or print)	
/ithi	Poges r deoth		S. 5	SEX	6. COLO
ed v	plet ers. ofte	193		nale	w
ecut	d complete n popers. I hours ofter		10a	during mast af work	ing life, e
e ex	ond oon 72 h	1		etired Ro	esta
te b	cork		13.		mbr
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be	ined by the hospital or ottending physicion.  FORECTOR: After this certificate has been signed by the ottending physicion and completely filled and be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and of Health prior to burial, cremation, or removal, and a ony event, within 72 hours ofter death.		1S. (Yes		R IN U. S (If yes, give
th o	ding Se r			no	T11 [c.
dec	ottendi n pleos	-		1B. CAUSE OF DEA PART I. DEA	TH WAS
the	a the	E		111 =	IMMEDIA
tho	el., e		Н	Canditians, if a	ny, which
ires	gned b) permit. emovol,				mmediat
requ	ding physicion. ote hos been signed by buriol-tronsit permit. cremotion, or removol,	31.77		lying cause last.	7110 <u>91100</u> 1
No.	ysici beel tron		ION	PART II. OTH	IER SIGNI
rhe	ph hos nriol	1	ICA1		
AN:	moy be repained by the hospital or ottending physicion.  • FUNER. FIRECTOR: After this certificote hos been sipoge 3 should be detoched for use as the buriol-tronsit the State Boord of Health prior to buriol, cremotion, or r	7	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUS MEDICAL
SIC	certifice as the buriol,		MEDICAL	20c. TIME OF INJUR	Y Manth
PHY	al or		MED	Haur a.m. p.m.	
Š	ter ter d fo		-	21. I certify tha	it (I) (th
SND	R: Al			saw the deceas	edaliv
ATTE	det det	7.		22a. SIGNATURE	H
Se	IREC IREC	- 2	3	22c. PHYSICIAN'S	LL
AL	Boon		3	NAME (Type)	Aaro
SPIT	3 strate		23a	BURIAL, CREMATIO	_
9	moy be retained by the hospital O FUNER, SIRECTOR: After th page 3 shauld be detached for the State Board of Health prior	18	_	REMOVAL (Specify)	10,
	7	11	24.	FUNERAL DIRECTOR	S SIGNA
VR 15	A1S (4)	1/1		The S. H	. H:

	CERTIFICA	IL OI DEATH			
1. PLACE OF DEATH		2. USUAL RESIDENCE (WH	nere deceased lived. If inst	itutian: Residence be	fare admission)
a. COUNTY Prince Georges Cour	nty MARYLAND	o. STATE Maryla	and b. cou	NTY P.	Gen.
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, wr	te RURAL and give n	learest tawn)
Cheverly, Md.	l da.7 hr.	Riverdal	Le	63	
d. NAME OF HOSPITAL (If nat in haspital, give street addres OR INSTITUTION	iss)	d. STREET ADDRESS	an Road	1	e. IS RESIDENCE ON A FARM?
Prince George Co. Hosp		5401 Tay			YES NO
3. NAME OF DECEASED (Type or print) James	Middle	Lambros	4. DATE OF DEATH OCT		13 19 60
S. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye		AR IF UNDER 24 HRS
male white WIDOWED		March 24,	1893   last 677	yrs. Manths Days	s Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND during most of working life even if ratifed)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN	OF WHAT COUNTRY
Retired Restaurant Busin	less	Greece		U.	S. A.
13. FATHER'S NAME Peter Lambros		Theodora	Kolofiras		
	AL SECURITY NO. 17. 11	IFORMANT	51,07	Adraylor	Road
(Yes, no, or unknown) (If yes, give wor or dates of service) 579	-10-6751A	Athena La		rdale, M	
1B. CAUSE OF DEATH [Enter anly ane cause per line far	(a), (b), and (c).]	NO			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	relieb	allu los	2		
144 E DUE TO			17		
Canditians, if any, which ) (b)	Terrode	ti, thear	Leser	2	
gave rise to immediate cause (a), stating the under-	^				
lying cause last.	Decoluty	, I when	1		
	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICATIC					PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18	.)	
	Y OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	n, 20f. (City or town)	(Caunt	ty) (State
Haur a.m. While	Nat while fac	ctary, street, affice bldg., etc		(20011	(5.5.5
p. m. 19 at wark	at wark			-	
21. I certify that (I) (this haspital) attended t			60, ta 10 -		
	19 60, and that a	leath accurred at 0	M, fram the causes	and an the da	
22a. SIGNATURE		ATTENDING M	CTASE		22b. DATE SIGNED
Clas			PHYS.		
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Aaron Deitz, M.	D.	4314 Gal	latin St.	Hyatts.	_Md
	. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, to	wn, ar caunty)	(State)
Burial 19/17/60 Ft	t. Lincoln	Cemeterv	Prince Geo	rges Co.	Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNAT	
The S. H. Hines Co. Was	shington,	D. C. DATE	T 1 7.200		
					CORP. Carrier Corp.

TELLIO DESENSO UN. LOENI-Tando 100 Tuli com tina de la comita del comita de la comita del la comita del la comita del la comita del la comita de la comita de la comita del la comita del la comita de la comita de la comita del la comi The little to the the same and the contract of amportant and amplitude the section of Sin-10-57 the athens tendent all your state, but the control of the Phanel Constant Sylica decreases in The state of the s

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11714

TO FUNERA CRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 c. 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event within 72 nows after death.
2

VR A15 (4) 1SM 9/S9

	- CEIXIII IGI			
PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	n: Residence before odmission)
Prince George	MARTLAND	Maryland	Prince	George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	00 -	utside corporate limits, write RU	RAL and give nearest town)
Cheverly	l <sub>2</sub> Days	Cheverly		
d. NAME OF HOSMTAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George General	Hospital	3108 Parkwa	ay	YES NO
. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) Stanley Set)	h	Lander	OF DEATH Oct	5 1960
	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last pirthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWE	D DIVORCED	10-24-20	yrs.	Months Doys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even it refired)	.M. Copp. Gov			U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Thomas P. Lander		Williemine	Forsyth	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addre	9\$\$
yes no. or unknown) (If she spive rail or dotes of service)	20184310 Ma	rcia G. Land	er (Wife) Sa	me as # 2
1B. CAUSE OF DEATH   Enter only one cause per lin	ne for (o), (b), and (c)		Λ	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	icule	piel.	edenico	ONSET AND DEATH
52 0 X DUE TO		- 0-	+	9
Jacob,	pele les	. 0 //1	nucles	
Conditions, if ony, which gave rise to immediate (b)	www.	0/00		
cause (o), stoting the under-	rected	ey sur a	ery.	
lying couse last. (c)		()		
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED   20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State
Hour a.m. While		ctory, street, office bldg., etc		
p. m. 19 of wor	k ot work			
21. I certify that (I) (this haspital) attend	ded the deceased fram.	Oct. 3 19	60 , to Oct 5	1960 that (I) (we) las
		1/0	116 0 01 -	d an the date stated above
saw the deceased alive an	/ Und Indi	Jedin decorred dr	_M, Halli life cooses and	22b. DATE
Dilliano 13	Hagan	M.D. ATTENDING M	ED. STAFF PHYS.	SIGNED
22c. PHYSICIAN'S		22d. ADDRESS		
Wilffiam B. Hagen		College	Park, Md.	
230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, o	
Bull 19/1 (Specify) 10/7/60	Arlington Na	ational Ceme.	Arlington	Va.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. RFC	D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
F. Gasch's Sons Hyatts	ville, Md.			Chur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEAL'	۲H
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CERTIFICATE OF DEATH

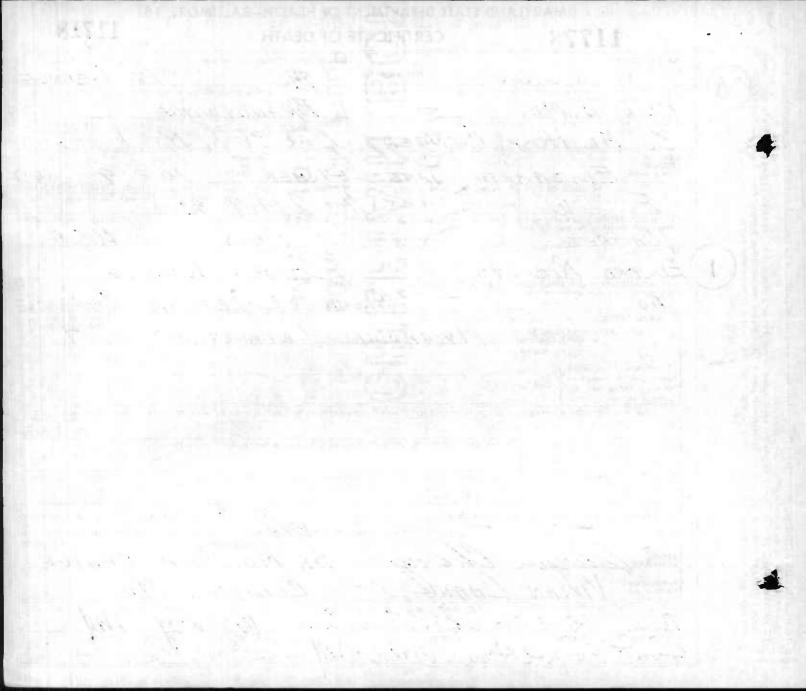
PLACE OF DEATH O. COUNTY Prince Ge	orges_Co.	2.0	MARY	LAND	2. USUAL RESIDEN  o. STATE  Md	CE (Where decease	d lived. If instituti b. COUNTY		before odmis	ision)
	(If outside corporate limit	s, write	c. LENGTH OF STAY	IN 16		/N (If outside corp	orate limits, write f	RURAL ond giv	ve nearest taw	m)
Reverdale	legiesi lowii)	- 53	7 Mo.		Parkland	4	•	TX		
d. NAME OF HOSPI	ITAL (If not in haspital, g	ve street o			d. STREET ADD			E	e. IS RE	SIDENCE
OR INSTITUTION	morial Hosp				EEOE Pos	kland Ct	#207	1		A FARM?
. NAME OF	Fire		Middle		last	4. DATE	# # 5UL Moi	- 44		Yeor
(Type or print)	John		Edwar		Lennon	OF DEATH			Day	19
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED B.	DATE OF BIRTH	1	9. AGE (In years		YEAR IF UND	
male	wh	WIDOWE	DIVORCE		19/92		last birthday) 68 yrs.	Months D	oys Hours	Min.
0a. USUAL OCCUPATI	ON (Give kind of work of			R INDUST		(Stote or foreign		12. CITIZ	EN OF WHAT	COUNTRY?
during most of war	rking life, even if retired)							TT	C A	
3. FATHER'S NAME					14. MOTHER'S MA	osh., D.C	•	U,	S.A.	
							100			
John Lenno						rine Gall				1000
Yes, no, or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INF	DRMANT		Add	Iress		
				son	John E.	Lennon-6	851 Farra	gut st	.Hyatt	sville
PART I. DE.	immediate (	Con	Jour	20	Cer	oute )	a des	Die:	3 M	essene
couse (o), stoting lying couse lost.	the under- DUE TO	Cler	egappee.	2014	Tulk	the	thon	encaj	67	Long
PART II. OT	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	E TERMINAL DISEA	SE CONDITION GI	VEN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter noture of in	jury in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Yeo	20d. IN While of work	Not while of work		E OF INJURY (Honory, street, office bloom		y or town)	(Co	ounty)	(Stote)
21. I certify the	ot (I) (this hospital	ottende	ed the deceosed	from Z	nexT	196 U to	001	5 196	Othot (1)	(we) last
sow the deced	/8 .	7-14	/ / /		oth occurred a	1865 M from	the couses or			, ,
22a. SIGNATURE	111 2	10	1.00	5321	ATTENDING _	MED	STAFF	id on me		2b. DATE SIGNED
22- PHYCICIANIC	-00 //	100	un	Μ.		DIRECTOR	PHYS.		10	-16-6
22c. PHYSICIAN'S NAME (Type)	LWMo	11	17 M.	>	22d. ADDRESS	were	lake	,2	acf	na sna min em em hur rein Ada
3a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREO	_	23c. NAME OF CEM Ceda:	77 6	CREMATORY 11	23d. LOCA	tland,	or county)	(Sto	ite)
ee Funeral	r's signature al Home	Was	ADDRESS	D.C.	25 DA	o. REC'D BY REGIS	TRAR 25b. REG	STRAR'S SIGN	ATURE	

Funeral Home. - Washington D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 tem 8 FilmG273 10-18-60 et
CERTIFICATE OF DEATH 11778 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND death. funeral b. CITY OR TOWN (If outside corporate limits) write c. LENGTH OF STAY IN 1b (If outside corporate limits, write RURAL and give negrest town) RUBAL and give nearest town) D INTON after d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR UNSTITUTION YES NO | NAME OF First Middle 4. DATE Last Month Day Year filled DECEASED OF (Type or print) DEATH within IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Doys WIDOWED [ DIVORCED | papers. executed campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond rban de 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affe physician CO mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI attending death ease INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET\_AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if any, which te has been signed burial-transit permi requires gave rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Yeor 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) use MEDI Hour o.m. While Not while at work at work 19 Chat I last saw the deceased 21. I certify that I attended the deceased from ached and that death accurred at 107 PM, fram the causes and an the date stated above. alive an OK: ADDRESS (Street, city or tawn, state) DATE SIGNED det ACTUAL SIGNATURE be PHYSICIAN'S NAME (Type) FUNERA 22b. DATE THEREOF BURIAL, CREMATION, LOCATION (City, tawn, or caunty) 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) he 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. VS A15 (4) OCT 1 3 '60 15M 9/5B



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		1177! CERTIFICATE OF DEATH	11719 st. No.
director, with	1.	PLACE OF DEATH  o. COUNTY  PR. GEO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the county)  D. C. b. COUNTY  PR. C. D. C. D. C. D. COUNTY  PR. C. D.	
funeral funera		b. CITY OR TOWN (Is outside corporate limits, write RURAL ond give reports lown)  L. AVATISVA  Sdays  M. HVATISVA  MANAGERIA ON STAY IN 16  M. AVATISVA  SALYS  M. HVATIS WILLIAM FILE  RURAL ON STAY IN 16  M. HVATIS WILLIAM FILE  RURAL ON STAY IN 16  M. HVATIS WILLIAM FILE  RURAL ON STAY IN 16  M. HVATIS WILLIAM FILE	wash.
46 0 22 th		d. NAME OF HOSPITAL (If not in prospital, give street address)  OR INSTITUTION  FERRIVA NURSING HOME.  BBOH NAMBER DRIVE	e. IS RESIDENCE ON A FARM? YES NO
Poges 1	L	NAME OF DECEASED (Type or print) KAREN SUE LITTS Lost OF DEATH OCH	12 1960
npletely pers. Po	L	WIDOWED DIVORCED 9/12/60 lost birthday) Mooths	TYEAR IF UNDER 24 HRS.  Doys Hours Min.
ond cor bon pap er death		Do. USUAL OCCUPATION (Give kind at work done) 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLAGE (Stote or foreign country) 12. CIT working life, even if retired)  15. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	4514
physician emave car hours afte	15.	ROBERT ALLEN Litts BEVERIX Pauline	Warren
ending pl	"	[18. CAUSE OF DEATH [Enter only one couse per ling for (o). (b). and (c):]	90.
he atter hen ple ent with		PART I. DEATH WAS CAUSED BY: HYDROCEPHALOS INTERNAL	INTERVAL BETWEEN ONSET AND DEATH
ned by the sermit. It only ev		Conditions, if only which gove rise to immediate DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	LIFE
ician.	NO	fying couse last. (c)	T MAN 28 MAS AUTORSY
g phys hos be uriol-fr	FICATIO	None	PERFORMED? YES NO
ificate the br	L CERTI		
tol ar of this cert or use as remation	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.  19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) factory, street, office bldg., etc.)	County) (State)
the hosping of the control of the co		21. I certify that attended the deceased from 10 // 1960, to 16/72 , 1960, that I I alive on 1960, and 1960 death accurred at 2 200, from the causes and an the	last saw the deceased
RECTOR		ACTUAL SIGNATURE JOSEPH J MCDUNALU. M.D. 7309 RIGGS RCAD	DATE SIGNED
Sirár pr	L	PHYSICIAN'S NAME (Type) HYATTSVILLE, MD.	
moy be poge 3 the regi	220	10. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. PROJECTION (City. town, or county)	(State)
VS A15 (4) 15M 10/57	23.	WI W. Chambers Co. RIVERLALE, Md 240. REC'D BY REGISTRAR 246. REC'STRAR'S SIGNAL 19'60 archiver	RIGGS R AD
Noss		2051253×V5	ATTSVILLE AD.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11751

1.	a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY
-	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
	Riverdale 43 days Washington
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Leland Memorial Hosp  d. STREET ADDRESS ON A FARM? YES \( \sum \text{NO F} \) VES \( \sum \text{NO F} \) V
3.	NAME OF DECEASED (Type or print)  First Middle Lost 4. DATE OF DEATH OCT. 21 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR
10	Da. USUAL OCCUPATION (Give kind of work dane) 10bc KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTR
1	during most of working life, even if retired)  Md  N. S. A
13	3. FATHER'S NAME  1 heodore Lizas  14. MOTHER'S MAIDEN NAME  (1) Loud
1	611/12 101098
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIÁL SECURITY NO. 17. INFORMANT  Address  Address  Address  Address  Address
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: Conquestive heart factore ONSET AND DEATH
	DUE TO
Н	Conditions, if any, which ) (b) Charamater new les will
	gave rise to immediate
	lying cause last.
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES   NO
CERTIFICATION	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State of the control of the contro
MED	Haur a.m.   While   Nat while   factory, street, affice bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram. 9-8, 1960, ta 16-21, 1960, that (1) (we) la
	saw the deceased alive an 10 21 1960, and that death accurred at 132M, from the causes and an the date stated above
	22b. DATE
	M.D. PHYS.   MED. STAFF   16-21-6 SIGNI
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
	NAME (1996)
23	30. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Bladensburg, (State) Bladensburg, Md.
24	4. FUNERAL DIRECTOR'S SIGNATURE HyattsvilledresMd. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Basch's Funeral Come DATE OCT 25'60 Outling & Knows
	2076191XVO

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

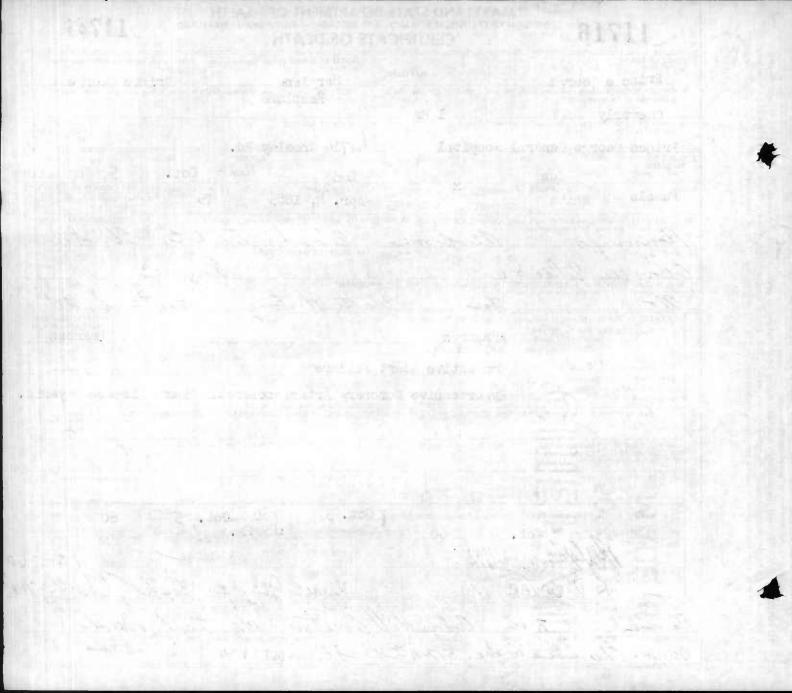
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	1. PLACE OF DEATH a. COUNTY Princ e George	MARYLAND a. STA	arvland	COUNTY Prince Geor	Ø
	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn)	GTH OF STAY IN 16 c. CIT	Rentland	its, write RURAL and give neare	st tawn)
7	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION		EET ADDRESS		IS RESIDENCE ON A FARM? YES NO NO
=	Prince George General Hospi 3. NAME OF First	tal 771	6 Greeley Rd.	Manth Day	Year Year
	DECEASED (Type ar print)  Ida	Lon	OF	0 1 7	m 19 60
	5. SEX married 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED   B. DATE OF APT	1 1000	(In years   IF UNDER I YEAR IF pirthday)   Manths   Days   I	Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	Some 2	Cashington &	D.C. 26.2	S.a.
	Charles Weeks	14. MO1	HER'S MAIDEN NAME	une	4
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	SECURITY NO. 17. INFORMANT	H. Jone	Hentland	May Re
	1B. CAUSE OF DEATH [Enter only one cause per line for (compart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anasar		1	ONSET	VAL BETWEEN T AND DEATH COOMN
	Canditions, if ony, which ) DUE TO	stive Heart Fail	re	3	years
	gave rise to immediate couse (a), stating the underlying cause last.  DUE TO  (c) Hypert	censive Coronary	Arteriosclerotic	Heart Disease	years.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	BUTING TO DEATH BUT NOT RELA	ED TO THE TERMINAL DISEASE CONI		WAS AUTOPSY PERSORMED? YES NO
		IOW INJURY OCCURRED. (Enter no	ture of injury in Port I or Part II of i	tem 1B.)	
			URY (Hame, farm, affice bldg., etc.)	n) (Caunty)	(State)
	21. I certify that (I) (this hospital) attended th			19_60that	t (I) (we) lost
	saw the deceosed alive on Oct. 5 1	7	nurred at 21454, Phrs. the c	FF	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) R. D. BAVER MI		ADDRESS  AUGUL GOR, GOR.	Show In Ch	each W
-	23d BURIAL CREMATION, 23b. DATE THEREOF 23c. (Specify)	NAME OF CEMETERY OR CREMATO	DRY 23d. LOGATION (C	ity town, or county)	(State)
1		517-11 - D	25d. REC'D BY REGISTRAR  E DATE OCT 1 1 '60	256. REGISTRAR'S SIGNATURE	

may be retained by the haspital ar attending physicion.

TO FUNER SIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be ex

VR A15 (4) 15M 9/59



If any delay is necessary, please exemple of the function of the formal director. Page 4 should be prior to buriol, cremation, O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If a cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the farworked to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for 5 FUN AL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the TO DEPUTY MEDICAL EXAMINER: This certificate should be

TO FUN 5M 9/55

VS. A15ME(5)

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11722 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY PA LLO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Checked live nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not imporpital, give street address)	1938 Mass and SE SESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) PARK EARLY L	Lost A. DATE Month Day Year OF DEATH 16 — 9 19 Ceo
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   8.  WIDOWED   DIVORCED	DATE OF BIRTH  9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24 HRS:    Months   Days   Hours   Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION (See Marking life, eyen if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA
j	13. FATHER'S NAME RICHARD F 60-1	14. MOTHER'S MAIDEN NAME LICHA A BEST
	15. WAS DECEASED EVER IN U. S. ÁRMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19ts, no, or unknown) If yes, give wor or doles of service) 5 78-10-56 6	J1838 mm ave 58 DC
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	occlusion more and death
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  Conditions, if ony, which (b) CONTON	Selevous years
>	CANIC	of related to the terminal disease condition given in Part 1(6) 19. Was autopsy Performed? Yes \[  \text{NO} \]
į	CAUSE OF DEATHS	oter noture of injury in Port 1 or Port 11 of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not white focto of work 19 of work 1	E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I taok charge af the remains described above death resulted fram: Natural causes Accident , Suice	ve, held an Autapsy 🔲, Inspectian 🔀, Inquiry 🔀, and find that iide 🔲, Hamicide 🔲, Undetermined cause 🔲.
	SIGNATURE Day for Owallers	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
-	EXAMINER'S DAYTONO WATKIN	ASSISTANT MEDICAL EXAMINER 10-10-60
1	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR O	In Com. Bladensbury Med.
200	23. FUNERAL DIRECTOR'S SIGNATURE 20. W. Chambers 6 Lec. 517-11-51.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CALLING THAMA

## MARYS AND STATE DESARRIMENT OF HISLING PALITIMORS, TO

		STEE STORY
	10-11-1	
		100
and American		

CERTIFICATE OF DEATH

PLACE OF DEATH SOUNTY CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION (Type or print)

MARYLAND

c. LENGTH OF STAY IN 16

b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).

4. DATE OF DEATH

e. IS RESIDENCE ON A FARM? YES NO 🔀

NAME OF DECEASED

Middle

B. DATE OF BIRTH

d. STREET ADDRESS

9. AGE (In years last birthday) Months

Manth

THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

19 FUNDER 1 YEAR IF UNDER 24 HRS

Yeor

S. SEX

during most of working life, even if retired)

7. MARRIED NEVER MARRIED WIDOWED [ DIVORCED |

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

12. CITIZEN OF WHAT COUNTRY?

HOUSEW! 13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

17, INFORMANT

14. MOTHER'S MAIDEN NAME

Doys

PART 1. DEATH WAS CAUSED BY: Canditions, if ony, which gove rise to immediate cause (o), stoting the under-

lying couse lost.

DUE TO

DUE TO

1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year

20d. INJURY OCCURRED While Nat while at work at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote

PERFORMED? YES T NO D

ONSET AND DEATH

21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 220 SIGNATURE

Haur a. m.

1960, and that death accurred at 7.

1960, that (1) (we) last M, fram the causes and an the date stated above. 22b. DATE

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION

Richard Whelton 22d. ADDRESS

M.D. PHYS.

23d. LOCATION (City, town, or county)

PHYS.

(State)

SIGNED

24. FUNERAL DIRECTOR'S SIGNATURE

Ft. Lincoln Cemetery

23c. NAME OF CEMETERY OR CREMATORY

25a. REC'D BY REGISTRAR

Pr. Geo, Co., Maryland 25b. REGISTRAR'S SIGNATURE

14th.St.N.W.Wash, S.H. Hines Co., 2901

23b. DATE THEREOF

DATECT 3

MED. DIRECTOR

Cirilar S. Hours

15M 9/59

San to the same of the same of

BEART COLD ON THE TOTAL VIOLENCE OF STREET

11724

	1171	18		CER	TIFIC	ATE OF	DEATH	1		Reg. Di	st. No.	A 3.	
1. PL/ a.	CE OF DEATH	nce Georg	e	M	ARYLAND	2. USUAL RES	Mary		lived. If instituti b. COUNTY	anı Residen			
	CITY OR TOWN ( RURAL and give no Chever	If autside corporate limi earest tawn)	ts, write	c. LENGTH OF ST		il	elphi	utside corpor	ate limits, write R	URAL ond	give near	st tawn)	
	OR INSTITUTION	George Ge			tal	d. STREET 1907		toga	Drive				DENCE FARM? NO X
3. NA DE	ME OF CEASED pe or print)	James	*	Nichol		MALL	ISAC	4. DATE OF DEATH	Oct	ober	Day 2		9 60
5. SEX	Male	6. COLOR OR RACE	7. MARRI	37	RRIED	8. DATE OF BIR	TH 16,1	913	9. AGE (In years last birthday)	IF UNDER Manths		Hours	R 24 HRS. Min.
10a. U R.e 13. FA	SUAL OCCUPATION OF WORLD THER'S NAME  AS DECEASED EVE	DN (Give kind of work of king life, even if retired)  R IN U. S. ARMED FOR (If yes, give wor or date of the state of the s	CES? 16. S	Liant Jos	NO. 17.	14. MOTHER	enr-Ca	stle,	Perry Add	12. CI	0.5	WHAT .	COUNTRY
		mmediate (	) <i> </i>	for (a), (b), and feute, Arberr	Mye oscl	card	ial Hea	Infa ent T	Disea	se	ONSE	VAL BET T AND SO MA	TWEEN DEATH
ERTIFICATION	Da. ACCIDENT WAR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH		ONTRIBUTING TO						VEN IN PAR		PERFOR	NO
-	c. TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Yeo 19	While	JURY OCCURRED Not while of work	20e. Pl	ACE OF INJURY ctary, street, affi	(Hame, form, ce bldg., etc.	, 20f. (City	ar tawn)	(1	County)		(State)
A S1	1. I certify the	rand M.	decease , 19 7 n	d from FE	nat death		805		the causes of reet, city or town, L'TON	and an t		state	
	URIAL, CREMATIC EMOVAL (Specify)	OF 28,	1960	22c. NAME OF C	emetery con	Plation.	af Cen	22d. LOCAT	arling	or county)	, Viv	(State	ria
23. FU	HERAL DIRECTOR	ssignature Framber	26	o. The	rda	6,9ng	24a. REC'E	T 2 6 '6		STRAR'S SIG		0	

VS A1S (4) 15M 9/5S

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VR A15 (4) 15M 9/59 11682

MARYLAND	STATE I	DEPARTMENT	OF HE	ALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

		LACE OF DEATH	40				ere deceased lived. If institutio	n: Residence before	admission)
	0	. COUNTY	see Geo	F90	MARYLAND	o. STATE Wast	D. C. b. COUNTY		
	Ь	. CITY OR TOWN (IF	outside corporate limits,	wrife c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write RL	JRAL and give near	est town)
		PURAL and give new		Jan	1.21/59	Wash.	) (	47	X -3
A	d	. NAME OF HOSPITA	L (If not in hospital, give		. / /	d. STREET ADDRESS		le.	IS RESIDENCE
1	1	or institution	10 1 -	a-Saile	16	43 28 18,	. 51. N.W.		ON A FARM?
		NAME OF	First		Middle	Last	4. DATE Mont	h Day	Yeor
	C	DECEASED Type or print)	4. 1.		Middle	An (	OF DEATH OCA	n Day	19 60
	5. S		6. COLOR OR RACE 7.			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR I	
	J. J		. 11 . 1 .		NEVER MARRIED	1- 22-18	9 o lost birthdoy)	Months Doys	Hours Min.
	1	temale		IDOWED _		CTDV 11 DIDTUDIACE (CL.)	60	12 CITIZEN OF 1	WHAT COUNTRY?
	190.	during most of worki	N (Give kind of work doning life, even if retired)	ie 10b. KIND O	PE BUSINESS OK INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	1/	
	/	Housewi	te			Wastertord	, Iteland	1/25	U. S. A
	13. I	FATHER'S NAME	T 1/3-1	2.03		14. MOTHER'S MAIDEN N	11 01		
		John	J. Horie	7			eth render		,
			IN U. S. ARMED FORCE: f yes, give war or dates of servi		SECURITY NO. 17. II	IFORMANT	Addr	oss protes	rolle Mich
		No		Non	e st	M. Bernadi	the 4922 h	a Salle	RL
			TH [Enter only one couse	per line for (o	), (b), ond (c).]		1 1 1	INTER	RVAL BETWEEN
		PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		man	live. Hea	et talle	re 10	2 wis
		442	DUE TO	21.	+	1 1. 2	1	V (O) NE	
		Conditions, if an	y, which )	Hynes	lensive	(ardeo - V	ascular de	clase 1	ours
10		gove rise to in		11					
		couse (o), stating t lying couse lost.	ne <u>under-</u>						
И	Z	PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19	. WAS AUTOPSY
	ATIC								PERFORMED? YES NO NO
	CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING [ 20	b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 1B.)		
		(IF EITHER, NOTIFY	CAUSE OF DEATH						
	MEDICAL	20c. TIME OF INJURY	Month, Doy, Year	20d. INJURY C	OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
	VEDI	Hour o.m.	19		ot while fo	ctory, street, office bldg., etc.]			
N.	<b>~</b>		415 411 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			August 10	48. Oct 5	1060 11	
350			(I) (this hospital)	40	/ ^	032	7.10		it (I) ( <del>we)</del> last
		220. SIGNATURE	ed alive an QQ		y 60, and that a	leath accurred an p.	M, fram the causes and	d an the date	22b_DATE
		Willes	7	(		M.D. ATTENDING ME	D. STAFF	10/	SIGNED
2		22c. PHYSICIAN'S	1	acce	with.	M.D. PHYS. DIR	ECTOR PHYS.	10/.	3/60
		NAME (Type)	1/11/11/11/11	T. S.	ACCARDI	11000	NN. Aue.	WASH.	1. Dr
		0	0/22////						92 C
9	23a.	REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. N	NAME OF CEMETERY C	R CKEMATORY	23d. LOCATION (City, town, o	r county)	(Stote)
1	B	URTAL	10-8-60	G	ATE*OF*HE	AVEN CEM.	MONTGOMERY (	OUNTY	MD.
2	-	FUNERAL DIRECTOR'S	1//	Telm	DDRESS WASH.	200		TRAR'S SIGNATURI	
	F	RANCIS J	. COLLANS	3821	14TH. ST.	N. W. DATE OC	11 00	VC+0001 21, 1 VV	

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
₽ 8 €		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11726
uld I		2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
sha sha	(M)	a. COUNTY PA GEO MARYLAND O. STATE M. C. STATE M. C. COUNTY PARLEY
rial,	IAI	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
. Pc		CAUREL DOX LAUREL 01
is ne	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OFFICE BILLEN NARREN MARKEN M
al di ra		3. NAME OF First Middle Last 4. DATE Manth Day Year
any funer r yau regis		(Type or print) DAVID OWENS MEISTER DEATH OUT 15 1960
the fa		S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED NOTE: Never Married 15 9 9. AGE (In years lost birthday)  Months Days Hours Min.
3 to stain with		10a. USUAL OCCUPATION (Give kind of werk done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
and be r		Child Jamel mo USA
1, 2, may		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
oges Deges	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
re Page	1 )	(Yes, no, or unknown) (If yes, give war or dates of service) and Kathevine Meister - in obace
PM3.		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]
T Per 1		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) ( EYE BVAL LACERATIONS
in Ita	J	Canditions, if only, which) but Contusions
ing v		gave rise to immediate cause (o), staling the underlying DUE TO
shau in pe alc a bu		couse last. (c) Flacture & ruce
ng: Offic		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?
pendi per's e use	0	20a. EXTERNAL CAUSE WAS PRIMARY EL ar CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enler motive of injury in Part II of item 18.)
rd "s amin		The first of the f
e wa al Ex sha	11	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or fown) (Caunty) (State)  While Nat while at work 2 State) Fife bldg., etc.)  AUREL PRED Md.
ng th redic	. 0	
writir ief A		21. I certify that I taak charge of the remains described abave, held an Autopsy   , Inspection   X, Inquiry   , and find that death resulted fram: Natural causes   , Accident   X, Suicide   , Homicide   , Undetermined cause   .
ate, ate	1	$\lambda = \lambda + \lambda + \lambda = \lambda$
rific Din t	ex	SIGNATURE SIGNATURE CHIEF MEDICAL EXAMINER
o pure de la company de la com	DAD	EXAMINER'S Day Swaltens DEPUTY MEDICAL EXAMINER 10-16-60
arwa FUN	2	22a. BURIAL, CREMATION, 22th DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 2 4 5	In o	Bureal 10/17/60 Uman Cem Burtaneville My
VS. A15ME(S	1 /2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 9/55		208341 Carlo & and prof DATE OCT 19'60   Carlon S. Frank
		all out ox vo

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		and Dis			TATION OF
					100 A 100
		STATE OF THE STATE			

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J. Wm. Lees Sons Co 300-4th St. N.E.

## MARYLAND STATE DEPARTMENT OF HEALTH

1	1	7	2	8

256. REGISTRAR'S SIGNATURE
CITCHIA S. Kraus

25a. REC'D BY REGISTRAR

DATE NOV 3

'60

	11683 CERTIFICA	ATE OF DEATH
1.	PLACE OF DEATH o. COUNTY Prince Geo. Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 340747 Toledo Terrat Sounty
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) Md. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W. Hyattsville, Md.
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OF INSTITUTION T. Geo. Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \text{NO} \)
	NAME OF First Middle	Moore 4. Date Month Day Yeor OF DEATH 10- 31 19 60
5.	SEX WIDOWED DIVORCED	B. DATE OF BIRTH  June 17, 1906  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost) birthdoy) 54 yrs.  Months Days Hours Min.
C	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Library of Co	
	FATHER'S NAME Alfred B. Williams	Minnie L. Arnold
15. (Ye	no ar unknown) . (15 up. nive was as dates of service)	inter K. Moore-Husband-
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ardial Infarction Interval Between ONSET AND DEATH
	Conditions, if ony, which) (b) Catonary	Thrombosio sumidia
	gove rise to immediate couse (o), stating the under- lying couse lost.  DUE TO Carles Co	Cerotic Heart Disease Epprox Sy
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTORY PERFORMED? YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL		LACE OF INJURY (Home, form, cotory, street, office bldg., etc.) (County) (State
	21. I certify that (I) (this haspital) attended the deceased fram.	death accurred at 1000, from the causes and an the date stated above
	220. SIGNATURE Sudace Clay	M.D. PHYS. DIRECTOR PHYS. 22b. DATE 22b. DATE 15 IGNER 10 31 10 31 10
	PAME (Type) Lindall Gay	22d. ADDRESS 403- Bast Capitol St. Wash, D.C.
23	REMOVALISECTIVE NOV. 3-60 Ft. incol	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 erained by the haspital ar ottending physician.

\*\*DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. may be retained by the haspital ar ottending physician.

TO FUNE PDIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 Lauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Board af Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

SET IT 

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the Eartificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Poge 4 should be		O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registration to burial cremation,
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2	ute	MJC	3
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VS. A15ME(5) 5M 9/55 11719

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11729

Reg. Dist. No.

1.	a. COUNTYPr.	Geo.		MARYLAN	a ST.	ATE Md.	Where decea	sed lived. If institu b. COUNT		efore admis GeO e	sion)
	b. CITY OR TOWN (I	f outside corporate limits, write i)	RURAL	c. LENGTH OF STAY IN 1	13	or town (i		porate limits, write	RURAL and give	nearest tow	n)
	d. NAME OF HOSPIT Pr.Geo. Gel	AL OR INSTITUTION (IF	not in hospi	itol, give street address)	d. ST 606	REET ADDRESS 62nd.	Ave.		1	ONA	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	ELLEN First		Middle	MURPHY	Last	4. DATE OF DEATH	Oct	h <u>1</u> 8	Y Ye	60
5.	sex Female	Log oned	7. MARRIED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF	ril 190	00	9. AGE (In years last birthday) OV yrs.	Months Days		R 24 HRS. Min.
10	during most of working	ON (Give kind of wark days of the state of t		of susiness or indice. Cath. Scho		J.	or foreign o	country)	12. CITIZEN C		OUNTRY?
13	7 Mason				14. MOTE Unik	HER'S MAIDEN	NAME				
	S. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of se			informan homas	E. Murp	hy	Same as			
MEDICAL CERTIFICATION	20c. EXTERNAL CAPRIMARY Or CO CAUSE OF DEATH.  20c. TIME OF INJUINED TO THE CAPPED TO	diate couse underlying DUE TO (c) HER SIGNIFICANT COND USE AS NTRIBUTING DEPTH DE	ITIONS CON DESCRIBE I	SCHOOL SCHOOL STATE BUT SCHOOL	(Enter nature) ACE OF INUITATION SIRVER, held	JRY (Home, farroffice bldg., etc	m, 20f. (City	releta of item 18.)	(County)	PERFOR YES	(Stole)
22	ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  POR BURIAL CREMATIC	Dayton DAYTO/L DN, 122b. DATE THEREOF	10.	WATICIA WATICIA PC. NAME OF CEMETERY	AS DE	IIEF MEDICAL E SISTANT MEDICAL PUTY MEDICAL	EXAMINER	R 🔲	0-/5	DATE SI	GNED (OC)
23	EUNERAL DIRECTOR	10-12-6	Sus	Mat Har ADDRESS 4925 A	Deane	are	OCT 24	TRAR 246, REGI	STRAR'S SIGNATU Unthun S. K		mid

ST. RECMEDIAGESTALES TO THEM PAYED STATE QUALYEAM. MEDICAL EXAMINERS CERTIFICATE OF DEATH 261221 . 2 242132 DO LINEARED TO THE POST OF THE as a Scholar of the confidence of the confidence

# by the funeral directar,

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE POIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 Mauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages late State Board of Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11720

Prince George Is  B. CITY OF TOWN (If outside corporate limits, write  B. CITY OF TOWN (If outside corporate limits, write  B. CITY OF TOWN (If outside corporate limits, write BLRAL and give necestal form)  Cheverly  d. NAME OF HOOSTIAL (If not in hospitol, give street oddress)  A. STREET ADDRESS  Prince George Is  General  9011 Burnside Road	1	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease		befare admission)
B. CITY OR TOWN (If audide corporate limin, write   CLENGTH OF STAY IN	)		MARYLAND	o. STATE Maryland	b. COUNTY Prince	George's
D. NAME OF HOSPITAL (If not in hospiel), give street oddress)  O. R. NAME OF HOSPITAL (If not in hospiel), give street oddress)  Prince George's General  9011 Burnside Road  1. DATE  OCTOBER  North Prince George's General  1. Middle  Loui  1. DATE  OCTOBER  1. DATE OF BITH  OCTOBER  1. DATE OF BITH  OCTOBER  1. DATE OF BITH  OCTOBER  1. DOCTOBER  North Prince  1. DATE  OCTOBER  North  Information  Informa		b. CITY OR TOWN (If autside corporate limits, write		c. CITY OR TOWN (If autside car	porote limits, write RURAL and gi	ve nearest tawn)
D. NAME OF HOSPITAL (If not in hospiel), give street oddress)  O. R. NAME OF HOSPITAL (If not in hospiel), give street oddress)  Prince George's General  9011 Burnside Road  1. DATE  OCTOBER  North Prince George's General  1. Middle  Loui  1. DATE  OCTOBER  1. DATE OF BITH  OCTOBER  1. DATE OF BITH  OCTOBER  1. DATE OF BITH  OCTOBER  1. DOCTOBER  North Prince  1. DATE  OCTOBER  North  Information  Informa			3 days	Hyattsville		
Prince George   S. General   9011 Eurnside Road   YES   NO	7	d. NAME OF HOSPITAL (If not in haspital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
DECASE (Type or prim)  S. SEX  S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NOT BELLY B	1	-		9011 Rurnside Re	oad	YES NO
15. SEX   6. COLOR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In year)   16. MINING 24 RAS)   16. MONTHS   17. MINING 25 RAS)   17. MINING 26 RAS)   17. MINING 26 RAS)   18. MONTHS   18		3. NAME OF First	Middle		Manth	Day Year
S. SEK    6. COLOR OR BACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE [In years   If UNDER 17 MR]   MODRE 24   Mode   Mod		47 10	FRANCES	DEAT	H October	11 1860
Pemale   White   Whowed   Divorced   12.21.82   77 yrs.   12.CITIZEN OF WHAT COUNTRY   10. USUAN COCUPATION (Give kind of work done   10. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY   12.C		5. SEX 6. COLOR OR RACE 7. MAR			9. AGE (In years IF UNDER 1	
100. USUAL OCCUPATION (Give kind of work done during and of working life, synn if refired)  113. FATHEYS NAME  114. MOTHER'S MADEN NAME.  115. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).]  116. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).]  117. INFORMANT  118. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (c).]  119. PART I. DEATH WAS CAUSE BY:  120. ACCIDENT WAS INDERINING (b)  120. ACCIDENT WAS UNDERINING (c)  121. Certify Indi (l) (this hospital) attended the deceased from October (c)		Female White WIDOW	ED DIVORCED	12-21-82		Days Hours Min.
13. FAITHEYS NAME  13. WAS DECEASED EVER MAD. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER MAD. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEAT IM WAS CAUSED BY  PART I. DEAT IM WAS CAUSED BY  PART I. DEAT IM WAS CAUSED BY  Canditions, if ony, which gave rise to immediate couse (a), stating the under lour (b).  DUE TO  Lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORY PERFORMED? YES ON CONTRIBUTION COLORRED. (c)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION COLORRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTION COLOR EXAMINER OF WORK COLORRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTION COLOR EXAMINER COLOR		10o. USUAL OCCUPATION (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fareign	country) 12. CITIZ	EN OF WHAT COUNTRY?
13. FATHES: NAME  14. MOTHER'S MANNE  15. WAS DECEMBERED S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. WAS DECEMBERED S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  Cardiac Tamponade  DUE TO  Conditions, if ony, which gave rise to immediate cause (a). BUE TO  Lying cause last.  (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED which are all of work   10		1 4 1/1	11 1	Principali-	2/	d 11.
No. CALLEGE OF DEATH   Enter only one couse per line for (o), (b), ond (c).			way work	14. MOTHER'S MADDEN NAME	U OV	2000
NAS DECEMBED PUEP IN C. S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   Einter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Einter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Einter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Einter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Einter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Canditions, if only, which gave rise to immediate   19. CAUSE OF DEATH   Canditions, if only, which gave rise to immediate   19. CAUSE OF DEATH   19. CANDITIONS CONTRIBUTIONS CONTR	1	2		2/		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (e)  DUE TO  Gradiac Tamponade  DUE TO  Myocardinal DIFFACTION  (b)  gove rise to immediate couse (a), storing the under couse (a), storing the under (c).  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e).  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e).  Do. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e).  TO CONTRIBUTION CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTED CONTRIBUTED CONTRIBUTED CONTRIBUTED CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUT			SOCIAL SECURITY NO. 17 IN	IFORMANT COMPONE	Address &	910-1
18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).	1	(Yes, no, or unknown) (14 fes, give war or dates of service)	Man m	2 . 0 m	0 1	Exespow
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO OCCUPIED TO Conditions, if ony, which gove rise to immediate course (a), stoling the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (e)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART		110	mone 11	ann O. Illyer	s andn	nandale No
DUE TO    Canditions, if ony, which gave rise to immediate couse (o), stating the under couse (o), stating the under leave to the couse of the time that the couse of the						
Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO		IMMEDIATE CAUSE (o)	Cardiac Tampon	ade		
Canditions, if ony, which gover rise to a immediate cause (a), stating the underlying cause last.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED? YES NO		420 DUE TO	Myocardinal	***oinfarction		
Cause (a), stating the under-lying cause last.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO			-50			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES D'NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IETHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work o						
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 While of work of		, (6)				
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 While of work of		PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Manth, Day, Year 19 20d. INJURY OCCURRED While of work of	3					
20c. TIME OF INJURY Manth, Day, Year 19 20d. INJURY OCCURRED While of work of		20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or P	art II of item 1B.)	
21. I certify that (I) (this haspital) attended the deceased fram. October 8, 1960, to October 11, 1960, that (I) (we) last saw the deceased alive an October 11, 1960, and that death accurred 6:255. Mo trops the causes and an the date stated abave.  220. SIGNADOR  220. SIGNADOR  M.D. ATTENDING DIRECTOR DIRECTOR PHYS. DI						
21. I certify that (I) (this haspital) attended the deceased fram. October 8, 1960, to October 11, 1960, that (I) (we) last saw the deceased alive an October 11, 1960, and that death accurred 6:255. Mo trops the causes and an the date stated abave.  220. SIGNADOR  220. SIGNADOR  M.D. ATTENDING DIRECTOR DIRECTOR PHYS. DI		20c. TIME OF INJURY Manth, Day, Year 20d.	A		ity ar town) (Co	ounty) (State)
21. I certify that (I) (this haspital) attended the deceased fram. October 8, 1960, to October 11, 1960, that (I) (we) last saw the deceased alive an October 11, 1960, and that death accurred 6:255. Mo trops the causes and an the date stated abave.  220. SIGNADOR  220. SIGNADOR  M.D. ATTENDING DIRECTOR DIRECTOR PHYS. DI		Mhile of wo	NOT WRITE 1	story, street, direct blog., etc.)		
saw the deceased alive an October 11160, and that death accurred 61:55 Mp tree the causes and an the date stated abave.  220. SIGNABURD  220. SIGNABURD  220. SIGNABURD  ATTENDING PHYS.  221. ADDRESS NAME (Type)  222. PHYSICIAN'S NAME (Type)  222. ADDRESS NAME (Type)  223. ADDRESS NAME (Type)  224. ADDRESS NAME (Type)  225. NAME OF CEMETERY OF CREMATORY  226. ADDRESS NAME (Type)  227. ADDRESS NAME (Type)  228. NAME OF CEMETERY OF CREMATORY  238. LOCATION (City, lown, or county)  239. LOCATION (City, lown, or county)  24. FUNERAL DIRECTOR'S SIGNATURE  250. REGISTRAR'S SIGNATURE  250. REGISTRAR'S SIGNATURE		21   certify that (I) (this haspital) attent	ded the deceased from	October 8 1960 to	October 11 1960	) that (I) (we) last
220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. DATE SIGNED  220. PHYSICIAN'S NAME (Type)  220. DATE SIGNED  220. ADDRESS LATO 71th Ave.  121. Landover Hills Mdd  222. PHYSICIAN'S NAME (Type)  223. DATE THEREOF  224. ADDRESS LATO 71th Ave.  125. REMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, Jown, or county)  24. FUNERAL DIRECTOR'S SIGNATURE  250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE						
22c. PHYSICIAN'S NAME (Type) Dr. Chas. David Connors, M.D. 22d. ADDRESS LITTO 71th Ave.  Landover Hills Mdd  23c. NAME (Type) Dr. Chas. David Connors, M.D. 22d. ADDRESS LITTO 71th Ave.  Landover Hills Mdd  23c. NAME OF CEMETERY OR CREMATORY  PERMOVAL (Specify) /0-14-60 Codar Hill Constoy Strict May Connormal Address	ŀ		Control of the contro	rediff decorred dispersion	inc caoses and an me	
22c. PHYSICIAN'S NAME (Type) Dr. Chas. David Connors, M.D. 22d. ADDRESS LITTO 71th Ave.  Landover Hills Mdd  23c. NAME (Type) Dr. Chas. David Connors, M.D. 22d. ADDRESS LITTO 71th Ave.  Landover Hills Mdd  23c. NAME OF CEMETERY OR CREMATORY  PERMOVAL (Specify) /0-14-60 Codar Hill Constoy Strict May Connormal Address	1	(Dann	V.MX	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	10 lille 0
230 BURIAL PREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown, or county) 23d. LOCATION (City, Jown, or county) 24. FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		22c. PHYSICIAN'S De Chara Day	rid Connors. M.	22d ADDRESS		7.114
230 BURIAL DREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown, or county) (State)  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADD		NAME (lype) DI GITAS DA	VIU COIMIOI DE 110	Thrifting I of		
BEMOVAL (Specify) 10-14-60 Codas Hill Cometory Scientificand Manyland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO ADDRESS		230 BURIAL, PREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O			(State)
24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		REMOVAL (Specify)	6dan H:16	Come Trans of	itland 1	Manifer 1.
Dielel P. F. Emulto of M. C.	1	moral !	ADDRESS	250 REC'D BY REG	ISTRAR 256. REGISTRAR'S SIG	NATURE
DATE UL		W.W. Chambers to.	517-112-8			

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11731

Reg. Dist. No.

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VS. A15ME(5) 5M 9/55	D	23. FUNERAL DIRECTOR'S S	/1

Prince George's e. IS RESIDENCE ON A FARM? YES NO. Day Year 25 19 60 IF UNDER TYFAR IF UNDER 24 HRS. Months Davi Hours 12. CITIZEN OF WHAT COUNTRY? US INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO [ (County) (State) Inquiry and find that DATE SIGNED (0= (Stote)

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VS A1S (4) 1SM 9/SS

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11780 CERTIFICATE C

<b>DF</b>	DEATH				Reg.	Dist.	11 No.	7	J	1
				-					_	-

1. PLACE OF DEATH O. COUNTY Prince George's Co.	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	Pr. Geo's Co.
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest tawn) Suitland	c. LENGTH OF STAY IN 16		tside corporate limits, write R	
d. NAME OF HOSPITAL (If not in haspitol, give street of OF INSTITUTION AVE., S.E.	address)	d. STREET ADDRESS 4730— Homer 1	Ave., S.E.	e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF First DECEASED (Type or print)	Middle E •	OLSON Lost	4. DATE Mon OF DEATH Oct.	th 17th. Doy Year 19 60
S. SEX 6. COLOR OR RACE 7. MARR WIDOWE	The state of the s	B. DATE OF BIRTH March 16- 1890	9. AGE (In years lost birthday) O yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work dane lob. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS Domestic	TRY 11. BIRTHPLACE (Stote of Wise	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  KKNAHUXNXRXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	erickson	14. MOTHER'S MAIDEN NA Unknown	AME	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	A STATE OF THE PARTY OF THE PAR	Benjamin R.	Olson -Same a	"
Canditians, if any, which gove rise to immediate coëse (a), stating the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Not white	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an 10/16/60 19  ACTUAL SIGNATURE WUTC, FULLY PHYSICIAN'S NAME (Type) WM C, L	and that death	M.D. 2932 W	M, from the causes a DORESS (Street, city or town,	n,that I last saw the deceased and an the date stated abave.  DATE SIGNED  SE D C 20
226. BURIAL, CREMATION, BEMOVAL (Specify) Oct. 20-60	Cedar Hill Ce	metery	Suitland, Mar	,,
	1-4000d Hope hington, D.C.	Rd. S.E. 240. REC'D		STRAR'S SIGNATURE

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y the funeral directar, 2 shauld be filed with

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11733

1. PLACE OF DEATH				2	. USUAL RESIDENCE (	Where decease			e before	admissia	n)
a. COUNTY	ince George	es	MARYLA	AND	a. STATE D.	C.	b. COUNTY		64)		W
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	its, write	c. LENGTH OF STAY IN	- 1	c. CITY OR TOWN (	If outside corpo	prote limits, write R	URAL and g	ive near	est town)	
Glenn Dale	1 - 1		2 months a	na	Was	shingto	n		1	X	String
d. NAME OF HOSPIT	AL (If not in hospitol, g	give street			d. STREET ADDRESS				e	IS RESID	ENCE
Glenn Dale	Hospital				133	ll Corb	in Place.	N. E		YES 🗍	
3. NAME OF DECEASED	Fie	rst	Middle		Last	4. DATE	Mor		Day	Ye	ear
(Type or print)	Ca	arrie	-		Ouzts	OF DEATH	10		18	19	60
S. SEX	6. COLOR OR RACE	7. MARR	IED T NEVER MARRIED	B. I	DATE OF BIRTH		9. AGE (In years last birthday)				
Female	Negro	WIDOWE	DIVORCED		6/15/1889		75 yrs.	Months	Days 😝	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (St	ate or fareign (	country)	12. CITI:	ZEN OF	WHATCO	UNTRY
Housewife	ang me, even ir reitreu	1			South Car	rolina		U	SA		
13. FATHER'S NAME					14. MOTHER'S MAIDE					A100	
Henry Sha	blev				Elvira N	fart.in					
1S. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INFO			Add	lress_			
(Yes, no, or unknown)	If yes, give war or dates of s	ervice)		Wis 7	liam Ouzts	(hugh	1311	Corb	in P	lace	, N.
Tin CAUSE OF DEA	wit fr		ne far (o), (b), and (c).]	W deal	Traum Ouz cs	(husb	and) wash	ingto		VAL BET	AZEENI
	TH WAS CAUSED BY:								ONSE	TAND D	DEATH
00	IMMEDIATE CAUSE (c	) Cer	ebro-vascul	ar a	claent				2	days	
331	DUE TO	)									
Conditions, if a		)									
gave rise to i cause (a), stating									100		
lying cause last.	) (c	)									
Z PART II. OTH			ONTRIBUTING TO DEAT				SE CONDITION GI	VEN IN PART	1(a) 19	. WAS AL	JTOPSY
3 Arterio	sclerotic	and h	ypertensive	vas	cular dise	ase				PERFOR	NO K
PART II. OTH Arterio  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injury	in Part I ar Pa	rt II of item 1B.)				
	Y Month, Day, Ye	gr 20d IN	NJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, f	orm. 20f. (Cit	y or town)	10	ounty)		(Stote
20c. TIME OF INJUR Haur a. m. p. m.	19	While at worl	Not while		y, street, office bldg.,		,,	351	,,		(0.0.0
21 I certify the	it (1) (this basnita	l) attend	led the deceased f	ram	8/1	1060 to	10/18	1960	) the	it (1) /w	e) las
	1 / 1		19_60 , and t								
220. SIGNATURE	de dive di	1	17_9207 dild 1	nai dec	in accorred at A	L.M. II Cill	The causes at	id on the	date		DATE
U	upe ur	122		м.		MED. DIRECTOR	STAFF PHYS.	400	10	/18/1	SIGNED
22c. PHYSICIAN'S NAME (Type)	Moe Weiss	, M.	D.		22d. ADDRESS	Glenn	Dale Hos Dale, Md	pital			
23a. BURIAL, CREMATIC	N, 23b. DATE THEREC	OF .	23c. NAME OF CEMET	ERY OR C	REMATORY		TION (City, taws,			(State)	
REMOVAL Specify)	10-27-	-60	Lencelon	Mo	Vinne	Su	tend	, 1	10		
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a. R	EC'D BY REGIS		STRAR'S SIC			
Mhr	7. Slu	Was	T 30H	24	WE . DATE	OCT 1 9 '	60 a	thur S.	trans	1	

9 LU3.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rainined by the hospital ar attending physician.

TO FUNER CRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use os the burial-transit permit. Then please remove carban papers. Pages 1 page 3 should be detached for use os the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59

Total Colmiss Alex ( E.S. , Harris Co. (Housers) was a realist ... adment by the larger of the set o

		Majorio El			
		· 70 = 40/20 -		terral parties e	
		Tayler T			
		2.5.			
f 4 6					
	Too years worth				6
Follows	ongress and second				

1	1	7	9	0
A.	T	-	6	1-

RURAL and give nearest town)

Prince Georges

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

Prince Georges General Hospital

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR

Felix Styza 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

IMMEDIATE CAUSE (a

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

DUE TO

200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INTURY OCC

(b)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

Eva

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED &

b. CITY OR TOWN (If autside carporate limits, write

Cheverly

during most of working life, even if retired) Housewife

PART I. DEATH WAS CAUSED BY:

no

Conditions, if any, which

gove rise to immediate

cause (o), stating the under-

lying cause last.

CERTIFICATION

MEDICAL

22

1 PLACE OF DEATH a. COUNTY

OR INSTITUTION

NAME OF DECEASED

(Type or print)

Female

13. FATHER'S NAME

#### MARYLAND STATE DEPARTMENT OF HEALTH

MARYLA

Middle

DIVORCED

dames

c. LENGTH OF STAY IN

Mary

own home

8 hrs

DIVISION OF STATISTICAL RESEARCE CERTIFIC

H A	ND RECORDS — BALTIN	3		MG27		117		ot.
ND	2. USUAL RESIDENCE (Who a. STATE Maryland		d lived.	f institution	on: Reside		re admiss	ion)
16	4. CITY OR TOWN (If or Brentwoo		orate limit	s, write RI	URAL ond	give nec	arest tawr	1)
	d. STREET ADDRESS	Lith	Str	eet			e. IS RES ON A YES	FARM?
	lost P <b>el</b> tier	4. DATE OF DEATH		Mon		Do		Yeor 19 60
	B. DATE OF BIRTH 1892 12-17-1891	W/	9. AGE lost b	(In years irthday) 67yrs.		R 1 YEAR Days		R 24 HRS. Min.
NDUS	Minnesot		ountry)			TIZEN OF	WHATC	OUNTRY?
	14. MOTHER'S MAIDEN N Mary Hame							
17. IN	FORMANT			Addr	ess			
	carcinoma Tosi	0					ERVAL BE	
is	carunoma						?	
1 BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDI	TION GIV	EN IN PA	.RT 1(a) 1	9. WAS PERFO YES	AUTOPSY ORMED?
URRE	). (Enter nature of injury in f	Port I or Pa	rt II of ite	m 1B.)				
	ACE OF INJURY (Home, farm tory, street, office bldg., etc.		y or tawn	)		(County)		(Stote)
am	6-29 19	60, ta	10-	.13	, 19.	60, th	nat (1) (	we) last

OR CONTRIBUTING E	CAUSE	OF DEATH	oo. Describe 110 W 1120K	occounted. Jenior Malare of Milary in the			
20c. TIME OF INJURY Haur o. m. p. m.	Month,		20d. INJURY OCCURRED While Nat while of wark of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		(County)	(SI
21. I certify that	(I) (this	haspital)	attended the decease	d fram 6-29 196	0, to 10-13		

, and that death occurred 22b, DATE 10/13/60 SIGNED STAFF PHYS. MED. DIRECTOR

fe	ans	re C	20	comen.		PHYS.	j
PHYSICIAN'S						 22d. ADDRESS	ŝ
NAME (Type)	Dr.	Jeanne	C	Bateman.	M.D.	9110-	

22d. ADDRES	S			
940-	25th	St. N.W.	Washington	D.C.

Ь										
	23a. BURIAL, CREMATION,	23b. DATE	THEREOF	2	3c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION (	City, town, or county)	(Stote)
ı	Burial (Specify)	Oct	17,	1960	Arlington	National	1	Arlingt	on Va.	
	24. FUNERAL DIRECTOR'S S	IGNATURE			ADDRESS	THE RESERVE	2So. REC'	D. BY REGISTRAR	25b. REGISTRAR'S SIGNATUI	RE

F. Gasch's Sons Hyattsville, Md.

DATE

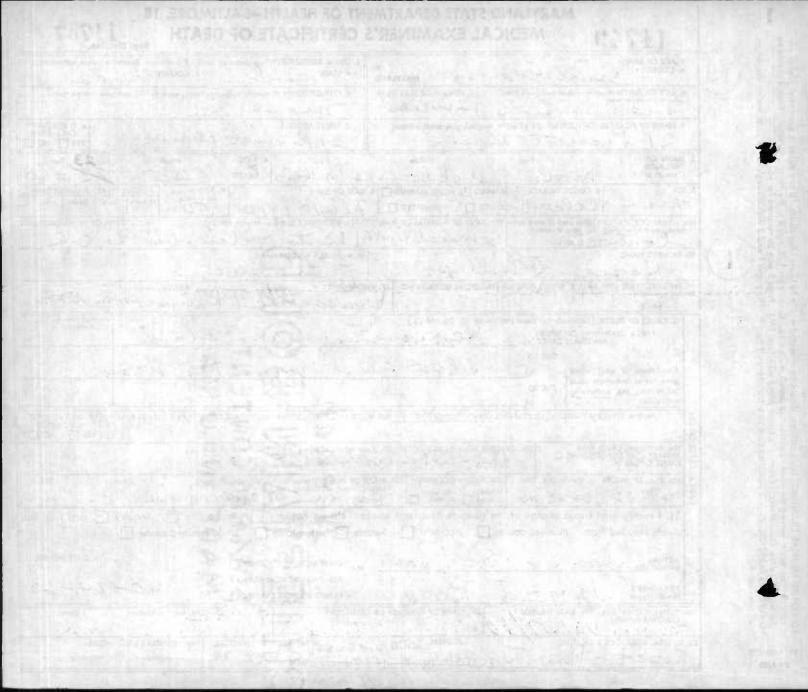
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Company of the Compan		150 9 0			

1	10	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 g	a	11723 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11736
ould		1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
L or	(M)	MARYLAND MARYLAND B. COUNTY PA SECONTI
Page	TAN	b. CITY-OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Children Company (If outside corporate limits, write RURAL ond give nearest town)
lirector.	199:	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  1 d. STREET ADDRESS  Dennator Rd o. IS RESIDENCE ON A FARM?  YES \( \sigma \) NO \( \text{P} \)
your &		3. NAME OF DECEASED (Type or print) HARRY SILL VESTER PHELPS 4. DATE Month Day Year 1960
to the further the the residual to the residua		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED DIVORCED DOVER 6-1874  9. AGE (In years lost birthday)  Months Days Hours Min.
and 3 l	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Parties Morked Works William Morket Amariland (45A)
oges 1, 2, le 5 may le 5 may l		13. FATHER'S NAME  CLARIENCE PHELPS 14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
re Poge Poge File po	•	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. (If yos, give war or doles of service)  (If yos, give war or doles of service)  With the fallent of the fall of th
18. G PM3. ermit.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1, DEATH WAS CAUSED BY:  ONSP AND DEATH
Item th farm onsit p	/	DUE TO DILLO
ang wi		Conditions, if only, which gove rise to Immediate couse (o), stating the underlying DUE TO 12
e alco		couse lost. (c) Trochel Kull, frother Relier
Offic Offic bd os		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO.
pend niner's be use	0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO.  20a. EXTERNAL CAUSE WAS PRIMARY DE CONTRIBUTING II  CAUSE OF DEATH.
Fxar		
the dical		20c. This or North Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o. m. 10 - 19 19 (part work of two two the part work of two
Pog P	1/	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [N], Inquiry [N], and find that
Chie	*0	death resulted from: Natural causes, Accident Suicide, Homicide, Undetermined cause
to the DIREC		SIGNATURE Dayton Owalker M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
the ce	2	EXAMINER'S DAYTON OWATER DEPUTY MEDICAL EXAMINER (6-29-60)
forw forw	0	220. BURIAL CREMATION, Page 1960   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (Stote)
S. A15ME(5 5M 9/55	3	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  SIMMIONS Bros.  Washington 20 DC  ADDRESS  DATE NOV 1 '60  Continua & Trans
JM 7/33	-11-1	TO COMMENT OF THE PARTY OF THE

MEDICAL EXAMINES: A CERTIFICATE OF DEATH TO THE WORLD TO SELECT A THE SELECTION OF THE SELECTION O The state of the s The state of the s E THE STATE OF BRIDE Plant Comment of the State of t 76 ... H. 2001.

	11741) MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11757
(M)	1. PLACE OF DEATH  o. COUNTY A LUCE GOODS MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE Manyland  b. COUNTY Processor
	b. CITY OR TOWN (If outside corporate limit, frite RURAL ond give morrest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give morrest town)  Normales C
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giverstreet oddress)  21 Pickett Lerine  21 Pickett Lerine  o. 15 RESIDENCE ON A FARM? YES \( \sigma \) NO PI
1	3. NAME OF DECEASED (Type or print) Henry Weldowne Phillips DEATH West 1960
	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH Colored WIDOWED DIVORCED 7.66-10, 1910 9. AGE (In yours lost birthfor) 50 yrs. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, often if retired)  General Duelly blintoset of Calcubsas Le. 5-6
1)	13. FATHER'S NAME RESULT Phillips 3. to Green
	15. WAS DECEASED EVER IN U. ARMED FORCES? (Yes, no, or unknown) (If yes, gird wor or dates of service) (6, SOCIAL SECURITY NO. 17. INFORMANT Jessavale Pullips Sum as to
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PERSONNEL STATE  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	Conditions, if only, which) (b) Ahot gun wound of hears
	gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NO} \s
0	20a. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 10f. (City or town) (County) (State)  While Not while of work of w
	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection +, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
1	ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
2	EXAMINER'S NAME (Type) LAMES I. BOYD DEPUTY MEDICAL EXAMINER 10-24-60
9	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CAY, Jown, or county) (State)
1.	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2500 Nichols A 240. REC'D BY REGISTRAR'S SIGNATURE TO DET G. Wason Funeral Hanc (17) Route NOV 2 '60
	(ODM) THE



# 11752

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 738

1		Prince Georges  MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE Maryland b. COUNTY Prince Georges								
AI	) 6	b. CITY OR TOWN (If outside corporate limits, write RURAL ond giv Roll of STAY IN 1b D. O. A.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale						vn)		
9			at or institution (if morial Hos				d. STREET /		more	Avenue	1	7.1	ON	SIDENCE A FARM? NO
		NAME OF DECEASED (Type or print)	Helen		Adele		Pot		4. DATE OF DEATH	Octobe	er	12,	Ye	9 60
		emale	White	WIDOWE	had -	] M	larch l	4, 18		9. AGE (In years fast birthday) 9 1 yrs.		Days	Hours	R 24 HRS. Min.
	10a	USUAL OCCUPATION OF WORKING MOST OF WORKING	ON (Give kind of work do g life, even if refired)	ne 10b. K	Own Home	1DUSTR	Ohi	ACE (State	or fareign c	ountry)		S. A		COUNTRY?
	13.	FATHER'S NAME Freidland	d Schumann				14. MOTHER'S Reg		uchs				4	
		WAS DECEASED EV	ER IN U. S. ARMED FORCE If yes, give war or dates of se	vice)	social security no.		len C.	Arno	ld Sa	Address me as #		ıght	er)	
)	IR CAUSE OF DEATH [Fater only one course per line for (a), (b), and (c).]								INTERV	VAL BETWE	EN			
ð	CERTIFICATION	PART II. OTH  20a. EXTERNAL CAL PRIMARY Or COL CAUSE OF DEATH.	(e)_HER SIGNIFICANT CONDI	tions co	eralized Art	BUT NO	or RELATED TO	THE TERM	Xts		IVEN IN PART		. WAS A PERFOIES [	NO TO
	MEDICAL (	20c. TIME OF INJUI	Month, Day, Year	While		PLAC factor	E OF INJURY (I	Home, farm bldg., etc.	20f. (City	or town)	(Cou	nty)		(State)
		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined couse .  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER .  ASSISTANT MEDICAL EXAMINER .												
		EXAMINER'S NAME (Type)			WATIC / 22c. NAME OF CEMETER	/V	S DEPUTY		22d. LOCA	TION (City, town,	O -/	2	- G	20
		urral (Specify)			Sharon					leberg,			Va	
		rances G	's signature asch's Sons	Н	ADDRESS [yattsville,	Md			1 7 '60		Lug P #		E	

VS. A15ME(5) 5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNE ... DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrement of purial, cremation, or removal.

	KIARO AO BYADHUME				
TOTAL DISEASE	Charles and Figure 3. Tours				
	Secretary and the second	o base			
	입사 사람들은 살아보고 그렇지		3	offe Thrustine	
The Control of the Control		relies II			
		a zvetlenim seletie betoe			
	La Sa Hillanda La Carolada	sa Sleda (bas)			
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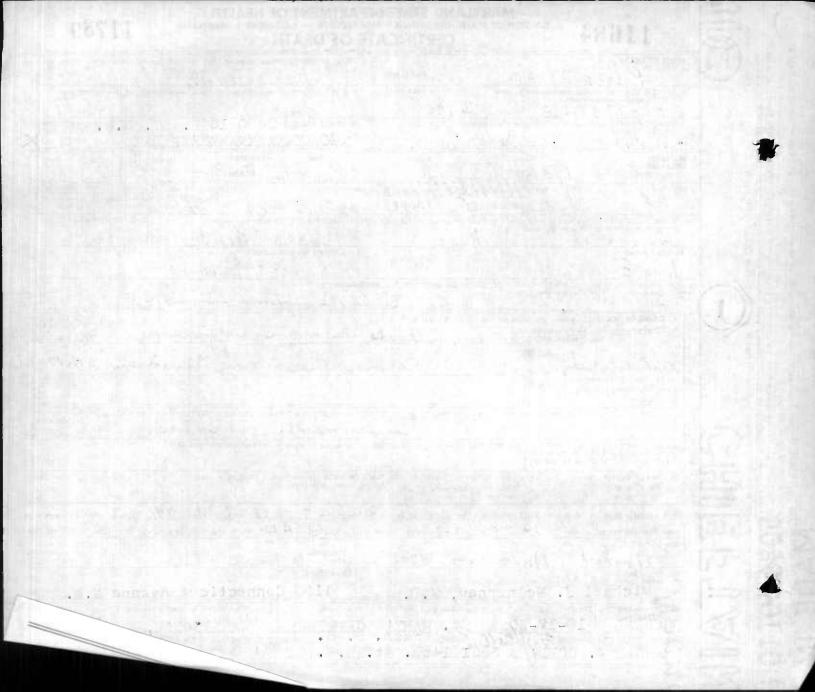
VR A15 (4) 15M 9/59

11684

MARYLAND	STATE	<b>DEPARTMEN</b>	T OF HEALTH
AL OF CTATICTICAL	DECE A DOLL	AAID DECORDE	

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Res.	_		em ( FilmG2/)	IU-ZU-DU et	
>	1. P	LACE OF DEATH .  LOUNTY PRINCE TEORGE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admission)COUNTY
1	t	O. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	nits, write RURAL and give nearest town)
1	15	J. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	LLE ROHD	d. STREET ADDRESS 2400 16T	H. ST. N.W. e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED Type or print)  Type or print)	Middle	Police Land	Manth V Day Year
	5. 5	EX 6. COLOR OR RACE 7 MA		B. DATE OF BIRTH  SEDT. 15 1886  9. AGIOST	E (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS. birthdoy)   Months   Doys   Hours   Min.
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NONE	STRY 11. BIRTHPLACE (State or foreign country)  NEWARK, NEW J	12. CITIZEN OF WHAT COUNTRY?
	13.	JOHN ERHNOLIS CONR	oV	14. MOTHER'S MAIDEN NAME MARGARET MASON	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, no. or unknown) (If yes, give wor or dates of service)	S. SÓCIAL SECURITY NO. 17 IN	M. Dours Catherine Plan	N-4922 ta Salla Frad
1		18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).	2 Connay Insuffic	interval Between ONSET AND DEATH
		Conditions, if any, which ) (b)	Con	my Otheroscheider	Heart disease one 10 years
		gove rise to immediate cause (a), stating the under-lying cause lost.			
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	not related to the terminal disease con bo vascular Thron	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
Ž,	L CERTIFI	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II of i	tem 1B.)
	MEDICAL	Haur o. m. Whil		ACE OF INJURY (Hame, farm, 20f. (City or tow tory, street, office bldg., etc.)	(County) (Stote)
		21. I certify that (I) (this haspital) attersaw the deceased alive an IQ - S			lu 14, 1960, that (I) (we) last auses and an the date stated abave.
2		220. SIGNATURE Miln	a Dank	M.D. PHYS. DIRECTOR PHY	22b. DATE
		22c. PHYSICIAN'S NAME (Type) Michael J. McIne	rney, M.D.	22d. ADDRESS 1150 Connectio	ut Avenue N.W.
	230.	BURIAL CREMATION, 23b. DATE THEREOF 10-17-69	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (CEMETERY WASHT	City, town, or county) (State)
	24.	FUNERAL DIRECTOR'S SIGNATURE 7. SEA	ADDRESS WASH.	N.W. DATE	25b. REGISTRAR'S SIGNATURE



VR A1S (4) 1SM 9/59 M

### 11782

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND					USUAL RESIDENCE (Vo. STATE	- C-	b. COUNTY	-		
	CITY OR TOWN (IF RURAL and give near Lenn Dale	outside carporate limi erest town) (rural)	ts, write	LENGTH OF STAY IN 16 MOT and 11 days	th	c. CITY OR TOWN (III	f outside corpor Washing	ote limits, write RI	URAL ond giv	ve neare	st town)
d.	OR INSTITUTION	Lenn Dale	Hospi	oddress) tal		d. STREET ADDRESS	4232 Sc	uthern A	ve.,S	F	IS RESIDENCE ON A FARM? YES NO 🔀
3. No.	AME OF ECEASED ype or print)	Berna:		Middle E • I	oum	lost phrey	4. DATE OF DEATH	10		LLI Day	Year 19 60
s. se Ma		6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	B. D	1/24/1904		9. AGE (In years lost birthdoy) 56 yrs.			Hours Min.
	USUAL OCCUPATION during most of working Cab drive		done 10b.	kind of Business or Indu Diamond Cab Co	JSTRY O	11. BIRTHPLACE (Sto Washing	te or foreign co ton, D.	ountry)	12. CITIZ	EN OF M	USA
	James H. I	Pumphrev			1.	Josephine		Block			
15. W			(anima)	578-09-1227		ecedent		Addi	ress		
1000	PART I. DEAT  Conditions, if on gove rise to im couse (a), stating to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TC  y, which (binnediote he under-	c) C	ne for (a), (b), ond (c).]  arcinoma of pl			MINAL DISEASE	CONDITION GIV	EN IN PART	ONSET 5	VAL BETWEEN I AND DEATH MONTHS
OZ (	Pulmonary tuberculosis, 7 yrs., 7 months  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port   or Part    of item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port    or Part    of item 18.)										
	Poc. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	ar 20d, It While at war	Not while fo	LACE	OF INJURY (Home, fa,, street, office bldg., e	erm, 20f. (City	or town)	(Co	unty)	(Stote)
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		0/14/ Mrs	led the deceased fram. 1960, and that		h accurred at A	MED. DIRECTOR E	10/14 the causes an  STAFF  PHYS.  enn Dale enn Dale	d on the	date s	t (I) (we) last tated abave. 22b. DATE 10/14/00
	BURIAL, CREMATION REMOVAL (Specify)	acx17-	GO	23c. NAME OF CEMETERY	OR CE	1 Emile	1/8	ION (City, town	1	Seg	(State)
24 F	UNERAL DIRECTOR'S	Broa 1	166	1-gd Hoge R	d	25a. ŘE	CT 1 8 '60	RAR 25b. REGI	STRAR'S SIGI	NATURE	

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VS A1S (4) 1SM 9/SB

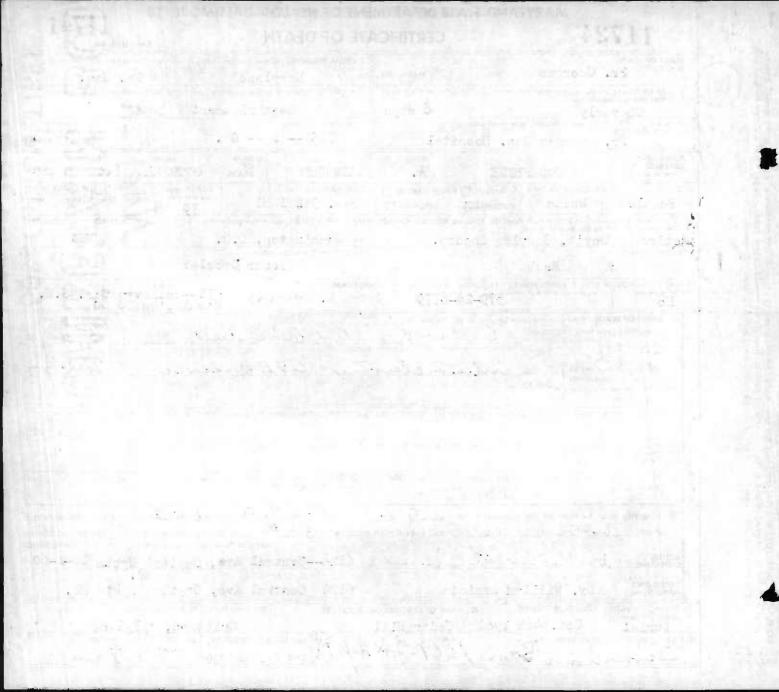
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11724

11741

**CERTIFICATE OF DEATH** Reg. Dist. No.

1	o. COUNTY Pr. Ge	orges	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary	. b. C	institution: Residence					
1	b. CITY OR TOWN (If autside RURAL and give nearest to	carporote limits, write wn)	10.	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
	Cheverly		6 days		t Pleasant	27					
-	d. NAME OF HOSPITAL (If no OR INSTITUTION	at in hospital, give stree	et oddress)	d. STREET ADDRESS			e. IS RESIDENCE				
	Pr. Ge	orges Gen.	Hospital	7132 F	St.		YES NO				
3	3. NAME OF DECEASED (Type or print)	First JOSEPHINE	Middle A	PUMPHREY	4. DATE OF DEATH OC	Month CTOBER 1s	Day Year				
		. 2 E	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 9th 18	81 9. AGE (I lost bir		EAR IF UNDER 24 HI				
1	10o. USUAL OCCUPATION (Give during most of working life, Retired Gov	kind of work done 10 even if retired) t. Service		Washingto	Wat and	12. CITIZE	USA	Y?			
V	3. FATHER'S NAME			14. MOTHER'S MAIDEN I							
1	?	Rest		Elea	nor Dresle:	r					
	(Yes, no. or unknown)  No	S. ARMED FORCES? 1.	6. SOCIAL SECURITY NO. 79-24-8779	INFORMANT James L. Pumph	rey 871- Wash	-Bellevue ington 20	Cir. S.E.	8			
	PART I. DEATH WAS IMMED  Conditions, if ony, whi gave rise to immedia couse (o), stoting the und lying couse lost.	CAUSED BY: IATE CAUSE (a)  DUE TO  Ch (b) Ch (C) CH (C)	Cenhro-Vas	rtio CV	Reduct	· .	INTERVAL BETWEEN ONSET AND DEATH	2			
	PART II. OTHER SIGN			UT NOT RELATED TO THE TERM			19. WAS AUTOPS PERFORMED? YES NO				
		ISE OF DEATH	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	rarr i or ron ii or nen	н ю.,					
	20c. TIME OF INJURY Mon Haur a. m. p. m.	Whi		PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc	.)		unty) (Sto				
1	21. I certify that I a	ttended the deced	used from auti 1	1950, to Q	itahhl.	196 Ghat I last	saw the deceas	ed			
	alive on autr	tw/ 19	60_, and that dea	th occurred at 5.30 F	M, from the cau	ises and on the d		ve.			
	ACTUAL SIGNATURE	lliam	Braining	M.D. 6124-Cent	ADDRESS (Street, city or ral Ave., Ca		/-				
	PHYSICIAN'S NAME (Type) Dr	. William I	Brainin	6124 Cent	ral Ave, Ca	apitol Hgh	ts Md.				
1	22a. BURIAL, CREMATION, 22b REMOVAL (Specify)	ot. 4th 19	22c. NAME OF CEMETERY 60 Cedar Hil		22d. LOCATION (City	ntown, or county)	(Stote)				
2	Burial  23. FUNERAL DIRECTOR'S SIGNA		ADDRESS 1- you			b. REGISTRAR'S SIGN	ATURE				



116 N	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 e	11744 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
4 should	1. PLACE OF DEATH  o. COUNTY  O. STATE  D. COUNTY  D. C
Page , Page , puriol,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Tarment Hearts Gyers  Tarment Land William Compositions  Tarment Land
irrectar.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  ON A FARM?  YES \( \sigma \)  NO \( \sigma \)
ny dela neral d yaur fr egistra	3. NAME OF DECEASED NAME OF DECEASED NAME OF DECEASED NAME OF DECEASED NAME OF DEATH OF THE PROPERTY OF THE PR
o the fund far the result of t	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED 0 10 - 6 - 0 9  9. AGE (In years lost bighthopy)  Wind Days Hours Min.
and 3 the retained 2 will	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
S may b.	13. ATHER'S NAME PARENTS MAIDEN NAME THAT THE STATE SALVERS
Poge Poge	45. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (1'es, no) or unknown) (If yes, give wor or dates of service)  (If yes, give wor or dates of service)
a PM3.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  The part of
in Item with far transit	DUE TO Conditions, if ony, which)
pencil pencil alang v alang v burial-	gove rise to immediate couse (o), stating the underlying couse last.
office of as a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
d be us	20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. Senter noture of injury in Part I or Part II of Jam 18.)
he ware ical Exa 3 shau	200 MMR OF, INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF NURY (Home, farm, form, f
vriting the rest of the rest o	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and find a death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
ficate, wri	ACTUAL CA A PICALES CHE HOLD THE SIGNED
FR. Di	SIGNATURE CONTINUE CO
Cute the forward O FUNER or remov	22a ODRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
S. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE LEMY S. Washington of Sens 4925 December Date NOV 2 '60  DATE NOV 2 '60  LEMY S. Washington of Sens 4925 December Date NOV 2 '60
5M 9/55	S DAIR NUV &

	DICAL EXAMINER		YELL
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		Land Barrier	
Composited of the materials		CALL STREET	Man San
		GIE!	

PLACE OF DEATH a. COUNTY

NAME OF

DECEASED (Type or print)

13. FATHER'S NAME

couse lost.

CERTIFI

5. SEX

b. CITY OR JOWN IIf outside corporale limits, write RURAL

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

WIDOWED A

6. COLOR OR RACE

IN U.S. ARMED FORCES?

B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),

DUE TO

**DUE TO** 

Month, Day, Year

negrasi town).

dyting most of working life, even in retired)

PART I. DEATH WAS CAUSED BY:

PART II. OTHER SIGNIFICANT CONDITIONS

death resulted from: Natural causes 12.

Conditions, if ony, which

gove rise to immediate cause

(o), stoting the underlying

20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH

o. m.

p. m.

220. BURIAL, CREMATION, 22b. DATE THEREOF

20c. TIME OF INJURY

ACTUAL

EXAMINER'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATORE

#### VS. A15ME(5) 5M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
.,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg

Middle

16. SOCIAL SECURITY NO.

20d. INJURY OCCURRED

ol work at work

Not while

Accident

22c. NAME OF CEMETERY OR CREMATORY

While

11743

Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) reen d. STREET ADDRESS e. 45 RESIDENCE ON A FARM? YES NO DATE Month Last Day Year DEATH 19 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. at birthday) Months Min. Days Hours DIVORCED | yrs. 11. BIRTHPLACE (Stote or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Address INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN WAS AUTOPSY PERFORMED? YES [ NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy NC Inspection Inquiry and find that Suicide . Hamicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

22d. LOCATION (City, lown, or county)

24c. REC'D 8Y REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

Cirthur & Krous

(Stote)

	ATE OF DEATH			TIVE
	III THE REAL PROPERTY.			
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VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVIS

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SION OF STATISTICAL	RESEARCH AND	RECORDS —	BALTIMORE	1, MARYLANI
CEI	RTIFICAT	E OF DE	ATH	

11744

_		1		1 - m / H'7	1001-1	15 11-11	-611	OT					
1.	PLACE OF DEATH	ince George	s	MAR	YLAND	O STATE	rylai		b. COUNTY				
		If outside corporate limi		c. LENGTH OF STAY	( IN 16				rate limits, write R			_	
	RURAL and give no	earest town) Sverly		18 Days		1 -		l Heig					
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in hospitol, g		oddress)		d STREET AD	DRESS	70.5	Water to				FARM?
	Prince	Georges Ge	neral	. Hospital		1 58	OR C	entral	Avenue			YES	NO.
	NAME OF DECEASED (Type or print)	Fin Willia		Gordon	_	t.Clair		4. DATE OF DEATH	Mar	ct.	15		Year 19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED K NEVER MARR	ED T	L DATE OF BIRTH	200 70		9. AGE (In years			IF UND	ER 24 HRS.
	Male	White		D 1/Sets yorg		15 Jun	a 18	96	lost birthdoy)	Months	Days	-Hours	Min.
100		ON (Give kind of wark of		-/77771/						12. CIT	IZEN OF	F WHAT C	OUNTRY?
	during most of worl	king life, even if retired		nemployed		Roa	noke	, Va.			US		
13.	Unknown					Unknown		NAME					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. IN	FORMANT			Add	ress			
{Ye	s, no or unknown)	(If yes, give war or dates of se	ervice)	Unknown	Mar	y E. Sto	lair	, 4100	Brooks	Dr.Su	itle	and,	Md.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	D	onchopneum							ON!	48 h	DEATH OURS
	Conditions, if o	ny, which ) (b)		ronic Bron	chie	tasis						У	ears
	lying couse last.	the under-											
CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	/EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRED	. (Enter nature of	injury in	Port I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Duay, Yeo	While of work	Not while of wark	20e. PLA foci	CE OF INJURY (H ory, street, office	ome, farn bldg., etc	m, 20f. (City	or town)		(Caunty)		(Stote)
	21. I certify the	at (I) (this haspital	) attend	led the deceased	fram	Sept-39			the courses or				
	22a. SIGNATURE	- meleull	n (	1		ATTENDING	M	IED.	STAFF PHYS.		0_0010		SIGNED
	22c. PHYSICIAN'S NAME (Type)	110	1	Ican WA	pe	22d. ADDRES		1-1	7\$ St	4.	W		7
230	BURIAL, CREMATIC REMOVAL (Specify) Burial	10/19/196		23c. NAME OF CEA					TION (City, town, land Rd.P		o.Co	(Stot	
24.	FUNERAL DIRECTOR			ADDRESS		,	25a. REC	D BY REGIST		STRAR'S SI		-	
U	r. w. ch	ambers.	Co	RIVER	dale	/	DATE QC			ilur S.			

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YLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived. If institution: Rasidence before edmission) e. COUNTY b. COUNTY a. STATE MARYLAND ENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) director. your d of l weite RULAL and give nearast lown) Deodon arrer NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO E NAME OF 4. DATE DECEASED OF (Type or print) DEATH 19 NEVER MARRIED DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. last birthday) Months Devs Hours WIDOWED DIVORCED 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? rost of working life, exen if retired) File-pages PM3. 13 FATHER'S NAMI S. WAS DECEASED EVER IN U.S. ARMED ERCES?
(Yas, go, or unkown) | (Ifyasgivawarordetes service) 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO burial Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO M pluods 2Da. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of itam 18, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. City or town)
Whila Not Whila factory, street, office did glaic.) 20c. TIME OF INJURY Month, Day, Yeer (County) woodedow at work at work 15 1961 prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my or inion 0 DIRECT( Suicide Undetermined manner death resulted from: Homicide Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S (9 NAME (Type) Addrass (Street, city, town, or county) DEPL CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, or country) 22a. BURIAL, CREMATION, 22c. NAME OF OH 400 ā 24e. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS. AISME DATE OCT 1 9 '60 5M 7/59

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11746

1	a. COUNTY		AA ABVI ASID	2. USUAL RESIDENCE ( a. STATE		If institution:	: Residence befo	are admiss	ion)
	Prince G	eorge	MARYLAND	Md.		Pr	rince Ge	orge	
	b. CITY OR TOWN (I RURAL and give ne	eorge f autside carporate limits, write earest tawn)	c. LENGTH OF STAY IN 1b	3/	If autside carporate lin	nits, write RUR	RAL and give ne	arest tawn	)
H	d. NAME OF HOSPIT	AL (If not in hospital, give stree	days days	d. STREET ADDRESS	nam			e. IS RES	IDENCE
	OR INSTITUTION	George Hospita		920	8 Annapoli	n Dd	-543		FARM?
1	NAME OF	First	Middle	Last	4. DATE	Manth			Year
1	DECEASED (Type ar print)	Joseph K		Shhilling	OF DEATH	Oct.	De	-/	1960
5	. SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AG	E (In years II	FUNDER 1 YEAR		R 24 HRS.
	Wala	WIDOW	AED TO DIVORCED TO	3-6-76		birthday) /	Manths Days	Hours	Min.
10	Da. USUAL OCCUPATIO	No (Give kind of work dane 10b	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (St	ate ar fareign cauntry)		12.CITIZEN O	FWHATC	OUNTRY?
	Carpe		BBO O11 Co.		German	7	U.S	3. A.	
1:	3. FATHER'S NAME			14. MOTHER'S MAIDE		31			
1	Unknor	wn		Unknown					
	S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16		NFORMANT	Na - Na Ha	Addres	9208	Anna	nol1
ľ	No.		115-12-3950 E	leanor H.	Schilling		Lanha		_
F	_	TH [Enter anly ane cause per l		1001101	DOMETTEM	5 1100.0	INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	LARTERAL	PNEUMO	MIA		ON	SET AND	DEATH
	400	DUE TO							
	Canditians, if a	ny Which )							
1	gave rise to in	mmediate (		STATE OF THE PARTY.				1	
	lying cause last.	the under-							
12	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN	N IN PART I(a)	19. WAS /	AUTOPSY
CATIO	8								NO
MOITADIBITATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part 1 ar Part II af i	tem 1B.)			
MEDICAL	20c. TIME OF INJUR			LACE OF INJURY (Hame, forctary, street, affice bldg.,	arm, 20f. (City ar tav	rn)	(Caunty)	)	(State)
MED	Havr a.m. p.m.	19 While at wa	Nat while to	sciary, street, artice biag.,	erc.)			M.	
	21. I certify tha	t (I) (this haspital) atten	ded the deceased fram.	SEPT. 10	1960, ta Oct	. 12	, 19.60 H	nat (I) (	we) last
	saw the deceas	ed alive an Oct.	19 19 60, and that	death accurred at 1	O:BOfran He	auses and	an the date	e stated	abave.
	22a. SIGNATURE	1.	1	ATTENIDING	MED STA	cc	- 1		SIGNED
	N/	my K	ally	M.D. PHYS.	MED. STA	rs. 🗆	act.	12/	60
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS				0	
		Bruno Kolega,	M.D.	4833	St. Barnab	as Koac	1, S.E.		
2:	3a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (	City, tawn, ar	caunty)	(Stat	e)
L	Burial		60 Fort Line	oln Cemete	ry Blade	ensbur	Mar	v] a	nd
2.	4. FUNERAL DIRECTOR		ADDRESS	2Sa. R	EC'D BY REGISTRAR	A. S. C. S.	RAR'S SIGNATU		
	W. W.	CHAMBERS CO.	, Riverdale	DATE DATE	OCT 1 4 '60	and	Lun S. Kes	ua	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 🛦 may be revained by the hospital ar attending physician.

TO FUNER. DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled, page 3 strould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

Carpenter Esso Oil Co. Corrony Unknown 9208 Arange 9208 Arange No sone inskrown Michael II. Schilling Rt., Lenbau, Md. ollognera Bose .s.a. reten universit ses Coll College L. L. Nordell annel Burrall .Cot. 1. 1960 Fort Lamooln Cemetery Blacensburg, Marylens, 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5M 9/55

23,

e. IS RESIDENCE ON A FARM?

19

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

DATE SIGNED

(State)

USA

IF UNDER 24 HRS.

YES INO TO

60-

Reg. Dist. No.

IF UNDER TYEAR

(County)

Inquiry , and find that

Months

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STAN ASSESSMENT		CORP. DOS - SOS DESA
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.	TO FUNEIA. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registration or to burial. crematian, or removal.
VS.	A15	ME(5)

5M 9/55

o. COUNTYPT	ince George	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary	Vhere deceased lived. If institut	Reg. Dist. No. tion: Residence before odm Prince Geo	
b. CITY OR TOWN and give nearest Brandy		c. LENGTH OF STAY IN 1b 10 Years	Brandy	outside corporate limits, write wine	RURAL and give nearest to	own)
	SPITAL OR INSTITUTION (IF n	ot in hospital, give street address)	d. STREET ADDRESS RR #1 B	ox 16	ON	RESIDENCE A FARM
3. NAME OF DECEASED (Type or print)	Archie	Finton	Smith	4. DATE OF OCT. Month		Yeor 19 60
Male	Colored	MARRIED MEVER MARRIED 8	Jan. 28, 18	/13.	Months Days Hours	Min.
Ret. Lab	orer	10b. KIND OF BUSINESS OR INDUST State of Md.	11. 8IRTHPLACE (Stote Maryla		U.S.A.	COUNT
	B. Smith		Christia	na Pinkney		
15. WAS DECEASED (Yes, no, or unknown) NO	EVER IN U. S. ARMED FORCE		FORMANT Sadi J. Smi	Address th (Wife) Sam	e as No. 2	
Conditions, if		Lifker Lenon	e Cord	io Vos aula	-disin	~
couse lost.	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS	AUTOPS
couse lost.	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT N			EN IN PART I(o) 19. WAS PERFC	ORMED?
PART II.	CAUSE WAS CONTRIBUTING 20b. 17H.	DESCRIBE HOW INJURY OCCURRED. (E		l or Port II of item 18.)	PERFO	AUTOPSY ORMED? NO X
PART II.  PART II.  PART II.  20g. EXTERNAL PRIMARY   or CAUSE OF DEA  20c. TIME OF IN Hour g. P.  21. I certify	CAUSE WAS CONTRIBUTING   20b.   TH.   20b.   19	DESCRIBE HOW INJURY OCCURRED. (E  20d. INJURY OCCURRED   20e. PLA While   Not while   factor of work      f the remains described abar uses   Accident   Suite  Walkers	nter noture of injury in Port CE OF INJURY (Home, form rry, street, office bldg., etc. ve, held an Autops)	20f. (City or town)  y	(County)  Inquiry , and ause .	ORMED? NO X
20g. EXTERNAL PRIMARY or CAUSE OF DEA  20g. TIME OF IN Hour a.  21. I certify death result  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	CAUSE WAS CONTRIBUTING 20b. 170b. 17	DESCRIBE HOW INJURY OCCURRED. (E  20d. INJURY OCCURRED   20e. PLA While   Not while   factor of work      f the remains described abar uses   Accident   Suite  Walkers	crematory  crematory	20f. (City or town)  y	(County)  Inquiry , and ause  DATE:	(Stote

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VR A15 (4) 15M 9/59

11784

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY				2.	USUAL RESIDENCE (Va. STATE	Vhere decease		on: Residence	befare o	idmissian)
1	8. COUNT	Prince Ge	eorges		11	d. SIAIE	D. C.	b. COUNTY		-	4
	b. CITY OR TOWN (IF RURAL and give new Glenn Dale	arest town)	ts, write	2 yrs 3 mo	nth	c. CITY OR TOWN (IF	washi		URAL and giv	e neares	town)
1	d. NAME OF HOSPITA		give street o			d. STREET ADDRESS	-	W 11/4 1		e.	S RESIDENCE ON A FARM?
		n Dale Hos	oital			1	710 Ga	le St., N	.E. #2	Y	ES NO TO
F	3. NAME OF	Fi	rst	Middle		Last	4. DATE	Mon	th	Day	Yeor
	(Type ar print)	J	ohn	Lucas		Smith	4. DATE OF DEATH	10		31	19 60
1	S. SEX	6. COLOR OR RACE	7. MARRI	ED MEVER MARRIED	B. C	ATE OF BIRTH	Enlain	9. AGE (In years last birthdoy)	-		UNDER 24 HRS.
1	Male	Negro	WIDOWE	D DIVORCED	1	0/28/1886		74 yrs.	Manths D	ays H	aurs Min.
	100. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b. I	CIND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (Stat	le ar fareign o	country)			HAT COUNTRY?
1	Cement wor		,	C. H. Small		Washi	ngton,	D. C.	U	.S.A	
Ħ	13. FATHER'S NAME			•	1	4. MOTHER'S MAIDEN	NAME	-19V L			
4	John Smith	1				Estelle	?				
7	15. WAS DECEASED EVER			OCIAL SECURITY NO. 17	. INFO	RMANT		Add	ress		-17.2
	(Tes, no, or unknown)	If yes, give war or dates of s		Jnknown	Dec	edent					
F	1B. CAUSE OF DEA	TH [Enter anly ane co	use per lin	e far (a), (b), ond (c).]						INTERV	AL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	Far	advanced, a	ctiv	re, pulmona	ry tub	erculosis	3		AND DEATH
	002	002X DUE TO									
	Conditions, if ar	Conditions, if any, which (b)									
		gove rise to immediate Cause (a), stating the under-									
	lying couse lost.										
7	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.	WAS AUTOPSY PERFORMED?
	2 mitible	cerebral v	ascul	ar accidents	g	eneralized	arteri	.oscreros:	LS		S NO DO
	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (I	inter nature of injury in	n Part I ar Pa	rt II of item 1B.)			
	20c. TIME OF INJURY Haur o. m.	Y Month, Day, Ye	ar 20d. IN	JURY OCCURRED 20e.  Nat while		OF INJURY (Hame, far , street, affice bldg., e		y or tawn)	(Co	unty)	(State)
		19	at work	at work							
	21. I certify that	t (1) (this hospito	l) attend	ed the deceosed from	n	7/9/1	850 . to_	10/31	1960	, that	(I) (we) lost
	saw the deceos		10/31	19 <u>60</u> , and tha					d an the	date st	ated above.
	22a. SIGNATURE	11, ~1	10.								22b. DATE SIGNED
		vario	VU		M.D		MED. DIRECTOR 12				10/31/6
	22c. PHYSICIAN'S NAME (Type)	Moe We:	iss, 1	4. D.		22d. ADDRESS		Dale Hos	also		
-	23a. BURIAL CREMATIO	N 23h DATE THERE	OF.	23c. NAME OF CEMETERY	OPC	REMATORY		TION (City, tawn,			(State)
	REMOVAL (Specify)	10 6347	Bo	Woodlawn C				Washingt		. C.	(arare)
-	24. FUNERAL DIRECTOR'S	SIGNATURE	171/	ADDRESS			C'D BY REGIS		STRAR'S SEGI		
1	desa	ide Di	Pap	e. 4. 414-	15	St., S.Z. DATE	NOV 4	60			
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VS. A15ME(5) 5M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1730

11750

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTYPrince George MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN [If outside corporate limin, write RURAL ond give nearest town]  Cheverly  Cheverly  C. LENGTH OF STAY IN  D. O. A.	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)  Lanham,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Prince George General Hospital	d. STREET ADDRESS 7206 Riverdale Road  o. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) SAMUEL WESTLEY	SMITH Str. 4. DATE Month Day Year Of DEATH October 28, 19 60
5. SEX  Male  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	October 1, 1908 52 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Machanic  W.S.S.C.	DUSTRY 11. BIRTHPLACE (Slote or foreign country)  Washington D. C.  12. CITIZEN OF WHAT COUNTRY  U. S. A.
Samuel W. Smith	14. MOTHER'S MAIDEN NAME Lillie M. Smith
(Ver no or unknown) t til use nine was as dates of seminal	17. INFORMANT Helen L. Smith (Wife) Same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	Cerenary Artery Inst.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING O	SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO DEC. (Enter noture of injury in Part I or Port II of item 1B.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or tawn) (County) (State)
21. I certify that I took charge of the remains described of death resulted from: Natural causes A, Accident ,  ACTUAL SIGNATURE Dayton O. Watkins	
Burral (Specify) 226. Date thereof 10/31/60 Ft. Lincol:	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  F. Gasch's Sons Hyattsville. Me	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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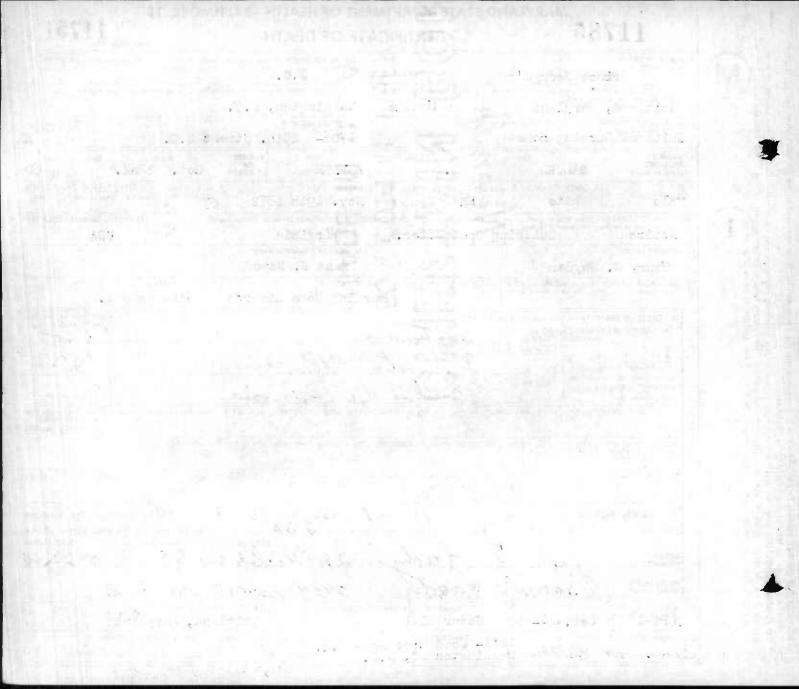
VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11785

**CERTIFICATE OF DEATH** 

11751 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Pri	bnce George	1 <sub>S</sub>	MARY	LAND	2. USUAL RESIGNATE	D.C.	ere decease	d lived. If institu b. COUNT		ence befo	ore admissi	ion)
Suitland	(If outside corporate limited rest town)  Maryland		c. LENGTH OF STAY		c. CITY OR T			prote limits, write	RURAL on	d give ne	arest town	x -
d. NAME OF HOSPI OR INSTITUTION Suitland	TAL (If not in hospitol, g Nursing Hom	give street B	oddress)		d. STREET A		. Str	eet S.E.				IDENCE FARM? NO (A)
3. NAME OF DECEASED (Type or print)	SAMUEL	st	Middle E •	E	SNYDER		4. DATE OF DEATH	0 1	onth 22n		-,	rear 19 60
s. sex Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIE		Nov. 19		72	9. AGE (In year last birthdoy) yr	Months		Hours Hours	R 24 HRS. Min.
10a. USUAL OCCUPATI during most of wor Retired	ON (Give kind of work rking life, even if retired Buil	done 10b.	Contractor	R INDUS		ACE (Stote a	or foreign c	ountry)	12. €	ITIZEN O	F WHAT C	OUNTRY?
13. FATHER'S NAME	Snyder				14. MOTHER'S	J. Po						
	ER IN U. S. ARMED FOR	CES? 14	SOCIAL SECURITY NO	IN	FORMANT	0 . 10	þe	Ac	Idress			
(Yes, no, or unknown)	(If yes, give war or dates of s		Social Secondary (10)		rsing Ho	me Re	cords		as 7	# 1.		
Conditions, if c gove rise to couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO	)	Decerbing Jeneslie	D CATH BUT I	Steries NOT RELATED TO	ler THE TERMIN	NAL DISEAS	SE CONDITION G	IVEN IN P	2 ART 1(o)	hlm 19. WAS	AUTOPSY
PART II. OT  PART III. OT  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture o	f injury in P	ort I or Por	rt II of item 1B.)				№ □
-	RY Month, Doy, Yes	20d. I While of wor	Not while	20e. PLA foct	CE OF INJURY (I ory, street, office	Home, farm, bldg., etc.	20f. (City	y or town)		(County)		(Stote)
21. I certify the alive an	hat I attended the	deceas	60_, and that			2.55A	M, fram		ind an t		e stated	
ACTUAL SIGNATURE	John	1	greek	7 N	1.D. 2909	Nic	les	as S.	٤		0-2:	2-60
PHYSICIAN'S NAME (Type)	( Soh	1	Raedy		290	4-2	rcho	la are	8	2		
220. BURIAL, CREMATIC	Oct. 24-	60	22c. NAME OF CEME Cedar Hill					TION (City, town, land, Ma	arylai	ad	(Stote	e)
23 FUNERAL DIRECTOR	1	166	L- GOOD Hope	e Ro	ad S.E.		BY REGIST		GISTRAR'S			



DI X	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
oation,	11731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11752
should	1. PLACE OF DEATH O. COUNTY O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE  MARYLAND  D. STATE  D. P. L. D. A. COUNTY  D. COUNTY
Poge 1	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cont give nearest lown)  Cont give nearest lown)  Cont give nearest lown)
CCO prior to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street orderss)  d. STREET ADDRESS  ON A FARM?  YES \( \sum \) NOW  VES \( \sum \) NOW  ON A FARM?
you you go	3. NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) Catherine Spriggs DEATH October 10, 19 60
ned far th the r	5. SEX 6. COLOR OR RACE Negro Negro Negro Divorced Divorced 10-18-14  9. AGE (in years   If UNDER 1YEAR   If UNDER 24 HRS   If UNDER 24 HR
ond 2 wi	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Taundress  Maryland  U.B.A.
2 - E 2 - C - C - C - C - C - C - C - C - C -	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  SadieCRAWFORD
Poge 5 File pog	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address    If yes, give war or dates of service)   Mrs. Helen Jones
permit.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
pencil in Her pencil in Her porial with fa burial-transit	Canditions, if any, which (b) Myocardial infortion
n penci	gove rise to immediate cause (a), stating the underlying DUE TO cluder abdominal akronsheye?
rading	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTR
S e e	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.)
3 2 4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
writing the hief Media	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined cause
tificate, write of the Chief DIRECTOR:	ACTUAL SIGNATURE SIGNATURE DATE SIGNED
the cer KAL maval.	EXAMINER'S DAYTON O Watkins DEPUTY MEDICAL EXAMINER 10-11-60
To Figure 2 or 10	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) RUNTIATO 100-14-60 Holy Family Church Cem.  Maryland
'S. A15ME(5)	23. EUGENAL DIRECTOR'S STRENATURE  ADDRESS  ADDR
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	CERTIFICATE OF BEATH		am IE	
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Easter			Table 14	(Company) Description

CONTRACT STREET RESIDENCE TO THE PROPERTY OF THE PARTY OF

				TE OF DEATH			11 eg. Dist. No	753
1. PLACE OF DEATH  o. COUNTY				2. USUAL RESIDENCE (Who	ere deceased lived.	If institution:	Residence befo	re admission)
Prince Ge			YLAND	Marylan	d	Pr	imce G	eorgw
b. CITY OR TOWN (If outside corporo RURAL and give nearest town)	ote limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or	utside corporate limi	ts, write RURA	AL and give ne	arest town)
College Pa			1	7 College	Park			
d. NAME OF HOSPITAL (IF not in hosp OR INSTITUTION 7508	give street Gerard			d. STREET ADDRESS 7508 Ge:	rard Str	eet		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MINNIE	First	Middle LIZABE		STEVENS	4. DATE OF DEATH OC	Month	e E	
5. SEX 6. COLOR OR I		HED NEVER MARRI		B. DATE OF BIRTH	9. AGE	(In years IF	UNDER 1 YEAR	IF UNDER 24 HRS
Female White	e WIDOWI	DIVORCE	0	March 25, 18	66 94	pirthdoy) M	onths Doys	Hours Min.
Oa. USUAL OCCUPATION (Give kind of during most of working life, even if a	work done 10b.	KIND OF BUSINESS C			or foreign country)		12. CITIZEN C	F WHAT COUNTE
doring most of working me, even if i	renreaj			Baltim	ore		U	.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN N				
James Emo	orv Hig	h		Margar	et Banks			
5. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16.		). 17. IN	FORMANT		Address		
(Yes, no, or unknown)     If yes, give war or di	oles of service)		Eme	ory H.Kohlha	18.2203	Allett	a St.	Zone 27
	HIE TO	OMBOSI	, .	I FURCATIO.	0 11000	111011		6 som
Conditions, if ony, which	(b) A D  (UE TO  (c)			ALTERIOS				YEAR:
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	(b) AD OUE TO (c) T CONDITIONS (	CONTRIBUTING TO DE	ATH BUT	ACTECIOS  NOT RELATED TO THE TERMIN	CLER	OS/S		9. WAS AUTOPSY PERFORMED? YES NO D
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	(b) AD  ULE TO  (c) T CONDITIONS	CONTRIBUTING TO DE	ATH BUT	ALTELIOS	CLER	OS/S		PERFORMED?
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	(b) ADD  ULE TO  (c)  T CONDITIONS (C)  DEATH (NER)	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN  (Enter noture of injury in Proceedings of the Processing	NAL DISEASE COND	ITION GIVEN	IN PART 1(o)	PERFORMED? YES NO (Stote
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	(b) AD  OUE TO  (c)  T CONDITIONS (C)  T CONDITI	CONTRIBUTING TO DE  CRIBE HOW INJURY OF  CRIBE HOW INJURY OF COURRED  NOT While  Of work  Of the country of the	ATH BUT I	NOT RELATED TO THE TERMIN  (Enter nature of injury in Proceedings)  (CE OF INJURY (Home, form, fory, street, office bldg., etc.)  1948, to OC accurred 3:20 form  A.D. 4506 COLLEG	NAL DISEASE COND OUT I or Port II of its  20f. (City or town  2 M, from the conditions of the conditio	ITION GIVEN  em 18.)  1960, the causes and or town, stole  ty, town, or co	(County)  at I last so an the da e)	YES NO (Stole

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

D RECORDS — BALTIMORE 1, MARYLAND	11	7	5	A
F OF DEATH	11		U	5

Prince Georges Maryland b. COUNTY Prince Georges	fare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	earest tawn)
Cheverly 25 Days / Lakland  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
PrinceGeorges General Hospital 49000 Navahoe St.	YES NO
DECEASED	Day Year 1960
United 200	AR IF UNDER 24 HRS.
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  Black  WIDOWED  DIVORCED  B. DATE OF BIRTH  9. AGE (In years lost birthday)  yrs.  IF UNDER 1 YEA  Manths Days	
10a. USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	3 ./7
Ned Stroud Jane Oldham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or oftenown) (If yes, give wor or dates of service)  Address  Address  Address	on. N.C
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CESE BYO USE CULE Though Rossis as the	2 days
DUE TO M. JiOleal herniple go?	1
Canditians, if any, which gave rise to immediate (b). Cliff File De Factor Volcentro	JAN .
lying cause last.  DUE TO  PENCH PROBLETO  (c) PENCH PROBLETO	LAN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 195	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 185	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  While Not while at wark at wa	y) (State)
	that (I) (we) last
saw the deceased alive an Oct 13 deceased alive an Oct 13 deceased and an the day	
22a. SIGNATURE.  1. H Jes 16th allen M.D. ATTENDING MED. STAFF D. O. S. O. PHYS. D. PHYS. D. PHYS. D. PHYS.	SA 1960
22c. PHYSICIAN'S NAME (Type) Dr. TillBergman, M.D. 22d. ADDRESS, 4316 Gallatin St. Hyatt.	sville, Ma
23a-BBRIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) 10-20-60 Urelns Chapel Mullium M.	(State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNAL (IVE DATE)	URE
De.	

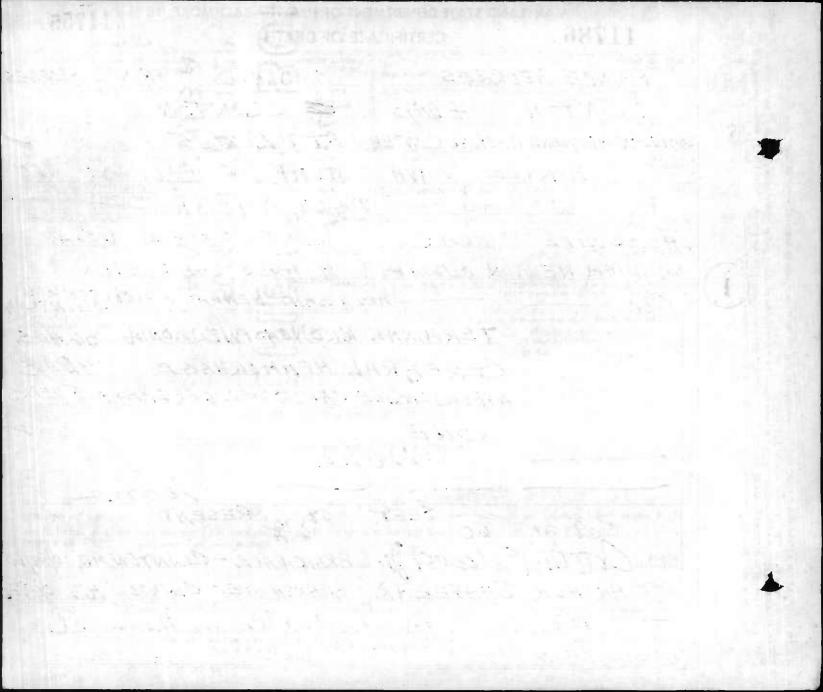
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MAI	YLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
11786	CERTIFICATE OF DEATH	-

Rea. Dist. No

-				****
1.	1. PLACE OF DEATH a. COUNTY RINCE GEORGES MARYLAND 2. USUAL RESID O. STATE	FICYLAND	If institution: Residence o. COUNTYPRINC	before admission) E FEORGES
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	OWN (If outside corporate lin	mits, write RURAL ond giv	e nearest tawn)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SOUTHERM MERYLAND HEDICAL CENTER RT	DORESS 120VI	15	e. IS RESIDENCE ON A FARM? YES NO
-		100101	0	
3.	3. NAME OF DECEASED (Type or print) MYRTLE, IVA STU	MP 4. DATE OF DEATH	Oct.	Day Year 28 1960
5.	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  WIDOWED  DIVORCED  T1)	10-1879 9. AG lost		YEAR IF UNDER 24 HRS.  oys Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA	CE (State or foreign cauntry)		N OF WHAT COUNTRY?
	during most of working life, even if retired)	EST WIRA	-1 N/1M /	151
13.	13. FATHER'S NAME 14. MOTHER'S	MAIDEN NAME	1/8/15	
	WILWIAM NEWTON CUTLIP MI	HALO S	NGWET	DIV
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service)	ITT HENRA	Address UTTV + Rt	130x 615
F	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: TERMINIAL ROA	NEHOPNE	MONIAL	ONSET AND DEATH
	IMMEDIATE CAUSE (o)  DUE TO		200-001	-JENICA
	Conditions, if ony, which) (b) CFREBRAL AL	EMMORHA	SE	4PAVS
	gave rise to immediate DUE TO	2 - 1145 1 - 1	40000000	- FUFDO-
	lying cause lost. (c) A VPER TENSIVE CAR	DIDVASCUL	AK DISHAS	E 2 YEARS
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
CAT	NONE			YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	injury in Part I or Port II af	item 1B.)	
CAL	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (H	dame, farm, 20f. (City or tox	wn) (Ca	unty) (State)
MEDI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of wark	bidg:, efc.)	non	9
	21. I certify that I attended the deceased fram. SEPT., 1959	, to PRESI	Lithat I last	saw the deceased
Н	alive an Oat 37, 1960, and that death accurred at	M, fram the c	causes and an the	date stated abave.
	0.44-61.	ADDRESS (Street, o	ity or town, stote)	DATE SIGNED
В	SIGNATURE CATURE SHOWLY JI M.D. BRAN	CHAVE, -C	-WINTUN,	HD, 10/28/60
۲,	PHYSICIAN'S Andrews Silvers To and	11 h 1 1/11 to make	Al issue	was short
	NAME (Type) HRIHUR SHAVER YK BISH	NCH HVEI	CWINION	HD. 10/296
22	220. BURIAL, GREMATION, PEMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF GEMETERY OR CREMATORY 10/29/60 Ft Lencals	n Calma	City, town, or county)	(Stote)
23.		24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	IATURE
	X. Wim Lee & sons Co	DATE OCT 3 1 '60	arthur S.	Kraug



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	MARYLAND STATE DEPARTMENT OF HEALTH
1 & 2"4 / x ba.	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
1787	CERTIFICATE OF DEATH
4 () 8	

		ACE OF DEATH				2.	USUAL RESIDENCE (WI	here deceased live		Residence	before admi	ssion)
4	o. COUNTY Prince Georges MARYLAND						D. C. b. COUNTY					
	) b.	CITY OR TOWN (If RURAL and give nee	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If o	autside carporate l	imits, write RUR	AL and give	nearest tov	vn)
1	G	lenn Dale			5 days		Wasi	hington		1	7 ×	-
-	d.	NAME OF HOSPITA	L (If nat in haspital, g	jive street	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE
	G	lenn Dale	Hospital				4550	6 Dix St.	. N. E.			A FARM?
	3. N.	AME OF ECEASED ype or print)	Fir	thle	Middle		Lost Tate	4. DATE OF DEATH	Month 10		Day	Yeor 1960
ł	S. SE	X			RIED NEVER MARRIED	□ B. D	ATE OF BIRTH	9. A		F UNDER 1 Y	EAR IF UNI	
		dmale	Negro	WIDOW	/ED DIVORCED		8/3/1893	la	67 yrs.	-	ys Hours	
1	10a.	USUAL OCCUPATIO	N (Give kind of work on the life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUSTRY				12. CITIZEI	OF WHAT	COUNTRY?
ı	-	lousewife		<b>'</b>	000		British W	est Indi	es	I	Jnknow	mV
	13. F/	ATHER'S NAME				1	. MOTHER'S MAIDEN	NAME				
X	T	Inknown					Unknown					
1	15. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO			Addres	S		
ı		no, or unknown) (I	f yes, give war or dates of s	ervice)	Unknown	1	Decedent (?	}				
ı			TH   Enter only one co	use per l	ine far (a), (b), ond (c).]					1	INTERVAL I	BETWEEN
I			H WAS CALISED BY		ebro-vascula		/				ONSET AN	D DEATH
		Canditions, if on gove rise to in couse (o), stoting t lying cause lost.	he <u>under-</u> DUE TO	Hyp	ertensive an					lar		- AUTOSCV
	CERTIFICATION	PARI II. OTH	EK SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	<u> </u>	I KELATED TO THE TERM	INAL DISEASE COI	ADITION GIVEN	Y IIY FAKI II	PERF	ORMED?
		20a. ACCIDENT WAS OR CONTRIBUTING IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in	Part I ar Part II of	item 18.)			
	MEDICAL	Oc. TIME OF INJURY Hour a.m. p.m.	Month, Doy, Yes	ar 20d. While of wa	Nat while_		OF INJURY (Hame, farm, street, office bldg., etc		wn)	(Cou	nty)	(Stote)
1	1	1. I certify that	(I) (this hospital	) atten	ded the deceased fr	ram	9/29 19	60 to 10	2/4/	1960	, that (I)	(we) lost
١		saw the decease	ed alive on	0/4/	19 60, and th	hat deat	h occurred of		causes and			
	1	22a. SIGNATURE	ure h	Lis	1	M.D.	ATTENDING M		AFF TYS.			2b. DATE
		22c. PHYSICIAN'S NAME (Type)	Moe W	leiss	, M. D.			Glenn Da Glenn Da		ital		
		BURIAL, CREMATION REMOVAL (Specify)	10/5/61	OF O	23c. NAME OF CEMET		REMATORY	23d. LOCATION Body To			, DC	ate)
	24. FI	UNERAL DIRECTOR'S	SIGNATURE /f	El.	ADDRESS 3015	net.	DATE C	D BY REGISTRAR	2Sb. REGISTI			
1			/ *	do	7: 7 #3	18						

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page filed within 24 hours after death. funeral Pe shauld puo requires that the death certificate attending è pino HOSPITAL FUNE Soge 3 may 0 0 VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH	
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please executed			TO FUNE AC DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registral flat to buriol, crematian,	
Ve	A	15	ME	51

-	1178	() ME	DICA	L EXAMIN	ER'S	CERTIFICA	ATE OF	DEATH		Dist. No.	12958
7	- COLINITY	NCE GEORGES		MAR	YLAND	2. USUAL RESIDENCE	- CANADA	b. COU	1 )		e admission)
KI) -		If outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		rporate limits, w	rite RURAL a	nd give neo	rest town)
1		n 21. D.C.		1 year		Washing	ton 21	, D.C.) (	FONE	3 + H	913. 1
~		TAL OR INSTITUTION (IF			155)	d. STREET ADDRES		SE			ON A FARM
3	NAME OF DECEASED (Type or print)	First FORAC		JOHN		TERRILL	4. DATE OF DEATH	00	tober	Doy 26	Year 19 60
5.	. sex Male	6. COLOR OR RACE	7. MARRIE			DATE OF BIRTH	er' 33	9. AGE (In years last birthday)	Months		OUNDER 24 H
10	Oo. USUAL OCCUPAT	ION (Give kind of work de								TIZEN OF	WHAT COUNT
	Naval Av	ing life, even if retired)		U.S. Nav	7	Derby.	Conn.	in a	J	J.S.A.	
ī	3. FATHER'S NAME	701		VE STOCK IN		14. MOTHER'S MAIDE	NAME				14.50
		. Terrill				Ethel A.	Strand				
	5. WAS DECEASED E	VER IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO	1	FORMANT		Addr		SAF Ho	spital
F	Yes	Active Aux	4 01	+8267922	GOI	RDON D. LUC	AS, Cay	pt USAF	MC Ar	ndrews	AFB, I
1		ATH [Enter only one cause	-							INTERVA ONSET	AND DEATH
	PART I. DEA	ATH WAS CAUSED BY.	Danaha	7-7	-						
		IMMEDIATE CAUSE (o)	Proba	able cause:	Cer	ntral Nervo	us Syst	tem Imju	ries		
	860	IMMEDIATE CAUSE (o)  DUE TO	Proba	able cause:	Cer	ntral Nervo	us Syst	tem Imju	ries		-60
~	S60 Canditions, if	DUE TO	Proba	able cause:	Cer	ntral Nervo	us Syst	tem Imju	ries		
~	S60 Canditions, if	DUE TO	Proba	iole cause:	Cer	ntral Nervo	us Syst	tem Imju	ries		
V	Canditians, if gave rise to imme (a), stating the couse last.	DUE TO  cony, which diate couse underlying DUE TO  (c)_									
NOTA	Canditians, if gave rise to imme (a), stating the couse last.	DUE TO									PERFORMED?
NOTATION	Canditions, if a gave rise to imme (a), stating the couse last.  PART II. OT	DUE TO  ony, which diote couse underlying to (c).  HER SIGNIFICANT COND	oitions <u>co</u>	ENTRIBUTING TO DEAT	TH BUT N		RMINALDISEA	se condition (			WAS AUTOPS PERFORMED? S NO
A STATE OF THE STA	Canditions, if a gave rise to imme (a), stating the couse last.  PART II. OT	DUE TO  ony, which diote couse underlying to (c).  HER SIGNIFICANT COND	DITIONS CO	ENTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINALDISEA Part I ar Part I	SE CONDITION			PERFORMED?
	Canditions, if a gave rise to imme (a), stating the couse last.  PART II. OT	DUE TO  DUE TO  DUE TO  DUE TO  CC)  HER SIGNIFICANT COND  CUSE WAS  NATRIBUTING   20b	DESCRIBE	HOW INJURY OCCU	RRED. (E.	OT RELATED TO THE TE niter nature of injury in ion from Na EE OF INJURY (Home, f	RMINALDISEA Part I or Part I VAL Ai orm, 120f. (Ci	SE CONDITION ( I of item 18.) rcraft	GIVEN IN PA		PERFORMED?
	Canditians, if gave rise to imma (a), stating the couse last.  PART II. OT  200. EXTERNAL CA PRIMARY Or CCAUSE OF DEATH  20c. TIME OF INJU	DUE TO  any, which didies couse underlying DUE TO  (c)_  CHER SIGNIFICANT COND  CUSE WAS NATRIBUTING   JRY Month, Day, Year	DESCRIBE	HOW INJURY OCCU COGSSTUL 6, NJURY OCCURRED	RRED. (Er ject:	OT RELATED TO THE TE  niter nature of injury in  ion from No  E OF INJURY (Home, fury, street, office bidg.	RMINALDISEA Part I or Part I VAL Ail orm, 20f. (Ci	SE CONDITION ( I of item 18.)  reraft ty or town)	GIVEN IN PA	YE aunly)	PERFORMED? S NO [
S A S A S A S A S A S A S A S A S A S A	Canditions, if a gave rise to imme (a), stating the couse last.  PART II. OT  200. EXTERNAL CA PRIMARY OF CAUSE OF DEATH  4 1 20c. TIME OF INJU.  How the couse of the couse o	DUE TO DONY, which diale couse underlying DUE TO (c)_ THER SIGNIFICANT COND  CUSE WAS NATRIBUTING D  JRY Month, Day, Year Oct 26 19	DESCRIBE Unsur 200. III	HOW INJURY OCCU CCGSSTUL C NJURY OCCURRED NJURY OCCURRED THE Not work	RRED. (EI	ot related to the tender nature of injury in ion from Nate of injury (Home, fry, street, affice bldg., an Field	Port I or Port I  Val Ai  orm, 20f. (Ci  etc.) Ced	SE CONDITION ( I of item 18.)  rcraft ty or town)  arville	GIVEN IN PA (C Princ	ounly) ce Geo	PERFORMED? S NO [ (State
S S S S S S S S S S S S S S S S S S S	Canditions, if gave rise to imme (a), stating the couse last.  PART II. OT  200. EXTERNAL CA PRIMARY   0 or CC CAUSE OF DEATH  20c. TIME OF INJU.  4: 1 p. m.  21. 1 certify the country of the country o	DUE TO DORNY, which did to couse underlying DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CC LUSE WAS DUE TO CC LUSE WAS DUE TO DUE	DESCRIBE Unsur 20d. III 60 of two	HOW INJURY OCCU CCGSSTUL e NJURY OCCURRED The Not white of work commons describe	RRED. (En ject:  Ject: Option	ot related to the tender nature of injury in in from Nate of INJURY (Home, firy, street, affice bidg., en Field an Auto	Part I or Part I Val Ai orm, 20f. (Ci etc.) Ced psy,	se condition of item 18.) reraft ty or town) arville Inspection	GIVEN IN PA (C Princ ], Inqu	ounly) ce Geo	PERFORMED? S NO [ (Stot)
A SPORT	Canditions, if gave rise to imme (a), stating the couse last.  PART II. OT  200. EXTERNAL CA PRIMARY   0 or CC CAUSE OF DEATH  20c. TIME OF INJU.  4: 1 p. m.  21. 1 certify the country of the country o	DUE TO DONY, which diale couse underlying DUE TO (c)_ THER SIGNIFICANT COND  CUSE WAS NATRIBUTING D  JRY Month, Day, Year Oct 26 19	DESCRIBE Unsur 20d. III 60 of two	HOW INJURY OCCU CCGSSTUL e NJURY OCCURRED The Not white of work commons describe	RRED. (En ject:  Ject: Option	ot related to the tender nature of injury in in from Nate of INJURY (Home, firy, street, affice bidg., en Field an Auto	Part I or Part I Val Ai orm, 20f. (Ci etc.) Ced psy,	se condition of item 18.) reraft ty or town) arville Inspection	GIVEN IN PA (C Princ ], Inqu	ounly) ce Geo	PERFORMED? S NO [ (Stot)
AEDICAL CEPTIES	Canditions, if gave rise to imme (a), stating the couse last.  PART II. OT  200. EXTERNAL CAPTIMARY OF CAUSE OF DEATH  4: 1 p. m.  21. 1 certify the death resulted	DUE TO DORNY, which did to couse underlying DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CC LUSE WAS DUE TO CC LUSE WAS DUE TO DUE	DESCRIBE Unsur 20d. III 60 of two	HOW INJURY OCCU CCGSSTUL e NJURY OCCURRED The Not white of work commons describe	RRED. (En ject:  Ject: Option	ot related to the tender nature of injury in ion from Nate of Injury (Home, fry, street, affice bldg., en Field et al., Hamici	Part I or Part I  Val Ai  part, 20f. (Ci  etc.) Ced  psy,  de, L	se condition ( I of item 18.) rcraft ty or town) arville Inspection [ Undetermined	GIVEN IN PA (C Princ ], Inqu	ounly) ce Geo iry	PERFORMED? S NO [ (State)
S A S A S A S A S A S A S A S A S A S A	Canditions, if gove rise to immu (a), stating the couse last.  PART II. OT  200. EXTERNAL CA PRIMARY Or CCAUSE OF DEATH  201. I Certify the death resulted	DUE TO DORNY, which did to couse underlying DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CC LUSE WAS DUE TO CC LUSE WAS DUE TO DUE	DESCRIBE Unsur 20d. III 60 of two	HOW INJURY OCCU CCGSSTUL e NJURY OCCURRED The Not white of work commons describe	RRED. (En ject:  Ject: Option	ot related to the tender nature of injury in ion from Nation from Nation of injury (Home, fury, street, affice bidg) an Field ve, held an Autacide [], Hamici	Part I or Part I Val Ai  orm, 20f. (Ci etc.) Ced psy, de, L  EXAMINER [	se condition ( I of item 18.) rcraft ty or town) arville Inspection [ Undetermined	(C Princ ], Inqu	ounly) ce Geo	(State Signed
2 G	Canditions, if gave rise to imme (a), stating the couse last.  PART II. OT  20a. EXTERNAL CA PRIMARY   or CAUSE OF DEATH  20c. TIME OF INJU- Hour   p. m.  21. 1 certify the death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  COL  HER SIGNIFICANT COND  DUSE WAS  ENTRIBUTING D  DUE TO  COL  DUE TO  DUE TO  DUE TO  COL  A  DUE TO  DUE TO  DUE TO  TO  COL  A  DUE TO  DUE TO	DESCRIBE Unsur T 20d. II 60 of war of the r causes	HOW INJURY OCCU CCESSFUL e. NJURY OCCURRED NOT white of work emains describe Accident	RRED. (En ject: 200. PLAC factor Option disposed above), Suid	ot related to the tenter nature of injury in ion from Nate of invertible in Fig. 1. The investigation of the inves	Part I or Part I  VAL Ai  Orm, 20f. (Ci  elc.) Ced  psy,  de, L  EXAMINER	SE CONDITION  I of item 18.)  rcraft  ty or town)  arville  Inspection [  Undetermined	(C Prince ], Inqued cause	ounly) ce Geo	(State and find the
2 6 2	Canditions, if gave rise to imme (a), stating the couse last.  PART II. OT  20a. EXTERNAL CA PRIMARY   or CAUSE OF DEATH  20c. TIME OF INJU- Hour   p. m.  21. 1 certify the death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  COL  HER SIGNIFICANT COND  DUSE WAS  DITY Month, Day, Year  Oct 26 19 6  That I took chorge  d from: Natural cond  DUE TO  DUE	DESCRIBE Unsur T 20d. II 60 of war of the r causes	HOW INJURY OCCU CCGSSTUL e NJURY OCCURRED The Not white of work commons describe	RRED. (En ject: 200. PLAC factor Option disputation of the control	ot related to the tender nature of injury in ion from Nate of Injury (Home, fury, street, affice bldg., an Field we, held an Autacide , Hamici ASSISTANT MET DEPUTY MEDIC CREMATORY	Part I or Part I  VAL Ai  Orm, 20f. (Ci  elc.) Ced  psy,  de, L  EXAMINER	SE CONDITION  If of item 18.)  reraft  ty or town)  arville  Inspection [  Judetermined  Indetermined  ATION (City, tow	(C Prince ], Inqued cause	ounly) ce Geo iry	(State Signed
2 G	Canditions, if gave rise to imme (a), stating the couse last.  PART II. OT  200. EXTERNAL CA PRIMARY D or CC CAUSE OF DEATH  20c. TIME OF INJU- Hour search 4: D p. m.  21. 1 certify the death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  20. BURIAL, CREMATIT REMOVAL (Specification)	DUE TO DONY, which ediate couse underlying UE TO UCL TO UCL TO UNITER SIGNIFICANT COND USE WAS DONTRIBUTING D  OCT 26 19 6 hat I took chorge d from: Natural coon, 22b. DATE THEREOF UNITER SIGNIFICANT COND USE WAS ON, 22b. DATE THEREOF UNITER SIGNIFICANT COND USE WAS ON, 22b. DATE THEREOF UNITER SIGNIFICANT COND USE WAS ON, 22b. DATE THEREOF	Unsur 200. III 200. I	HOW INJURY OCCU CCESSTUL e. NJURY OCCURRED INJURY OCCURRED Of work emains describe Accident X  22c. NAME OF CEMET	RRED. (Er. ject.) 20e. PLAC facto Option dabay	ot related to the tenter nature of injury in ion from Nate of Injury (Home, fury, street, affice bldg., en Field  ve, held an Autocide , Hamici  _M.D. CHIEF MEDICAL  ASSISTANT MEDICAL  CREMATORY	Part I or Part I  VAL Ai  Orm, 20f. (Ci  elc.) Ced  psy,  de, L  EXAMINER	SE CONDITION  If of item 18.)  reraft  ty or town)  arville  Inspection [  Judgetermined  ATION (Gity, town)  Real [  Language 19.]  The condition of the condi	GIVEN IN PA	ounly) ce Geo iry	(Stole)

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11759

1. PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased in	ved. If institution: Residence b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, w	West the state		Prince Geor	
<ul> <li>b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)</li> </ul>	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate	e limits, write RURAL and giv	ve nearest tawn)
Cheverly	5 Weeks	Capitlo Heights	Ch.	
d. NAME OF HOSPITAL (If nat in haspital, give s OR INSTITUTION		d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
Prince George General 1	Hospital	199 61st. Ave.		YES NO
R. NAME OF DECEASED (Type or print) First	Dianne Thi	.bodeau(Ellis) 4. DATE OF DEATH	Month Oct. 30	Day Year 19 60
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED			YEAR IF UNDER 24 HRS.
Female White wm	DOWED DIVORCED	Q <del>ct.</del> =3- Sept. 23,19	yrs. Months D	Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE State or foreign coun Mary Land		EN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	La la Statata	
3. FATHER'S NAME Henry E. Ellis		Lois Moore		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service		NFORMANT	Address	
(ii yaz, gra na a aalaa a aana		Mother	Same	
18. CAUSE OF DEATH [Enter only one couse	per line far (a), (b), and (c).]	21 0 11 -	THE REAL PROPERTY.	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Congestal ?	Heart stephen		liver bubl
754 E DUE TO	11 7	1120	_	
Canditians, if any, which (b)	I sumakuny	/ sendlere	2	
gave rise la immediate DUE TO				
lying couse last.				
	ons <u>contributing to death</u> but	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II	of item 18.)	
	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or	· lown) (Co	ounty) (Stote)
Haur o. m.		ctory, street, affice bldg., etc.)	,	(31374)
21. I certify that (I) (this haspital) a	ttended the deceased fram	Bull 19 to	0/30 196	that (I) (we) last
saw the deceased alive an 167/		death accurred at 45M from th		
22a. SIGNATURE	. 6	ATTEMPTED /	e7.456	22b, DATE
Teine Va	exec 170		STAFF PHYS.	10-31-60
22c. PHYSICIAN'S NAME (Type) Dr. Lewis	Parker, M.D.	22d. ADDRESS 5241 St Temple	Barbabas Ro	oad,
23a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATIO	N (City, town, or county)	(Stote)
Cremation 11/0/60	Prince George	e's General Hospital	, Cheverly, M	aryland
4. FUNDEL DIRECTOR'S SIGNATURE	Harry W. Per	nn. Jr. 25a. REC'D 8Y REGISTRA	R 2Sb. REGISTRAR'S SIGI	NATURE
in wen	Administrate	DATE MOVE A MILE	Circhan & 1	Trans

11139 the data of the sum of Park and agreement of the Last general transfer and early the last The second secon

ector. Page 4 should be		lior to burial, cremation,	
cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral getor. Page 4 should be	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	TO FUNE ACT DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registro. You burial, cremation,	or remove

	11735						OF HEALT			18 Reg. D		760	
1, 1	PLACE OF DEATH					2. l	SUAL RESIDENCE (V	Vhere decea					
,	e. county Prince	e George!	S		MARYLAND	o o	. STATE Mary.	land	b. COUNT	Princ	e G	eorge	ts
Ł	ond give negrest town)	outside corporate limits,		c. LENGTH	OF STAY IN 16	119	CITY OR TOWN (II	outside car	porate limits, write	RURAL one	give ne	arest tawn	1)
	Cheverl			D.O.	A	14	- Cottag	ge Cit	У				
	. NAME OF HOSPITA					100	. STREET ADDRESS					e. IS RES	IDENCE FARM?
]	Prince Geo	rge's Gen	eral	Hospita	1		3711 418	st Av	e.			YES 🗌	
	NAME OF DECEASED (Type or print)	Charles	First	E.	Middle Thor	npso	Lost M	4. DATE OF DEATH	October	3	Doy	Yes	60
5. 5	Male	6. COLOR OR RAC			R MARRIED		17,1913		9. AGE (In years lost birthday)	#FUNDER	1YEAR Days	Hours I	Min.
10a	usual occupation furing most of working the Shop For	N (Give kind of wor life, even if retired eman	rk dane 100 d) R	KIND OF BUS	ollecti	stry II	O. Ohio	ar foreign c	country)		ZEN OF	WHAT CO	DUNTRY?
13.	FATHER'S NAME	m)	(IS)=1			14. /	NOTHER'S MAIDEN	VAME					
		on Thomps					Amy I	May					
15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED (If yes, give war or dates		6. SOCIAL SEC 2340151		ary	MANT Rose Thom	pson	Cottage (	City	Md.	(Wif	e)
	PART I. DEATI PART I. DEATI Conditions, if on gove rise to immed (a), stating the u cause last.	H WAS CAUSED BY IMMEDIATE CAUSE DUE T y, which inte couse	(b) (1-	spir	and (c).]	7	Ele	nio		<i>-</i>	INTER ONSE	AL BETWEEN AND DEATH	75_
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CO	enditions and to	CONTRIBUTING	TO DEATH BUT	NOTRE	ELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR		PERFOR	MED?
	20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	SE WAS TRIBUTING	20b. DESC	RIBE HOW INJU	RY OCCURRED.	(Enter n	oture of injury in Por	t I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.		W	i. INJURY OCC hile Nat work at w	while fo		INJURY (Home, form reet, affice bldg., etc.		y ar town)	(Co	unty)		(State)
	21. I certify th			-	_	ave, l uicide	neld an Autops  , Homicide		nspection on noticed of		y 🔯	and fi	nd that
	ACTUAL SIGNATURE	afte	Mo	ula	ers	M.D		_				DATE SIG	CHED
	EXAMINER'S T	DAYT	ME	0.1	VATK	116	ASSISTANT MEDICAL			10	4	4-	(00)

22c. NAME OF CEMETERY OR CREMATORY
Ft Lincoln Cemetery

22d. LOCATION (City, town, or county)
Colmar Manor, Maryland

24a. REC'D BY REGISTRAR

DATECT 6

'60

24b. REGISTRAR'S SIGNATURE

arillan S. Thous

(Stote)

VS. A15ME(5) 5M 9/55

220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Oct 6. 19

23. FUNERAL DIRECTOR'S SIGNATURE

Oct 6, 1960

F. Gasch's Sons Hyattsville, Md.

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					description of the Parks						
	PLACE OF DEATH COUNTY Pr. Geo?	rge		MARYL		o. STATE Md.	E (Where decease	b. COUNT			ission)
	o. CITY OR TOWN and give nearest to orestvil		RURAL	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN		orate limits, write	RURAL ond giv	e nearest to	own)
•	d. NAME OF HOSP	ITAL OR INSTITUTION (I	f not in hosp	itol, give street oddress)		d. STREET ADDRES		. /		ON	RESIDENCE I A FARM?
	NAME OF DECEASED (Type or print)	CHARLES Fin	ı	Middle	WA	LKER Lost	4. DATE OF DEATH	Monti			Year 19 60
5. 5	Male	6. COLOR OR RACE White	7. MARRIED		Ta	ATE OF BIRTH	39 1881	9. AGE (In years 79 birthday) yrs.	Months Day		Min.
10a	USUAL OCCUPAT during most of work Aretaker	FION (Give kind of work of king life, even if retired)	-	ND OF BUSINESS OR IN	NDUSTRY	D.C.	ate or foreign co	iuntry)	U.S.		COUNTRY?
13.	FATHER'S NAME Unk					4. MOTHER'S MAIDE	N NAME				
{Yes	WAS DECEASED Es, no, of unknown) Yes	VVI (If yes, give war or dates of s	aprica)	OCIAL SECURITY NO. 29468102		Baltas A	. Birkl	Address e 6750	Marlbo	ore P	ike
	The second secon	ATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line fo	or (o), (b), and (c).]	n	aco	lus	in	in	NTERVAL BETWO	ÆEN EATH
	Conditions, if gove rise to imm (o), stoting the	rediote couse	0	nonar	7	Sale	rose 21	7 1		1 ye	m
CERTIFICATION	PART II. O	(c). THER SIGNIFICANT CONI	DITIONS CON	NTRIBUTING TO DEATH	BUT NO	I RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(c		AUTOPSY ORMED?
	20a. EXTERNAL C. PRIMARY ☐ or CO CAUSE OF DEATH	ONTRIBUTING	b. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	r noture of injury in	Port I or Port II o	of item 18.)			
MEDICAL	20c. TIME OF INJ Hour o. m p. m		While	Not while of work		OF INJURY (Home, fi, street, office bldg.,		or town)	(County)		(Stote)
		that I taak charge d fram: Natural	_			, held an Auta de □, Hamici		spectian 🔼, determined o	Inquiry cause	X, and	find that
	ACTUAL SIGNATURE	Dayton	du	atte		A.D. CHIEF MEDICAL	L EXAMINER		10/2	DATE 29/60	SIGNED
	EXAMINER'S NAME (Type)	Dayton O	Watte			DEPUTY MEDICA	AL EXAMINER 5	ζ			
770	BURIAL, CREMAT REMOVAL (Specif BUTIAL	Nov. lst	1-	Epiphany Ep			-	istville		(Sto	le)
23.	Simmons	1001-	-Good	Hope Rd., n 20 DC	SE	24g. RI DATE	NOV 1		STRAR'S SIGNA Julium S. 1		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ed Vol. Apr				

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11791

**CERTIFICATE OF DEATH** 

11763 Reg. Dist. No.

1	PLACE OF DEATH						2. USUAL RESID	ENCE (	Where decease			on: Resider	nce befo	re admiss	ion)
		nce Georg	tes!		MARYL	AND	a. STATE	Mar	yland	ь. со	UNTY	Prin	CO	Geo	rges
	b. CITY OR TOWN (IF RURAL and give ne	autside carporate limit	is, write	c. LENGTI	H OF STAY IN	N 16	c. CITY OR T	OWN (I	f outside carp	orate limits, v	vrite R	URAL and	give ne	arest tawn	)
	Brandywi			Lif	e.		Brand;	ywi	ne						
		AL (If not in hospital, g	ive street	address)			d. STREET A	DDRESS		-				e. IS RES	DENCE FARM?
	Route 3,	Box 251					Route	3,	Box 2	251 /				YES X	NO 🗌
3	NAME OF DECEASED	Fir	st		Middle		Lost		4. DATE		Mon	th	Do	ay '	fear .
	(Type or print)	Id	a		Maud	е	Watso	n	DEATH	• (	oct	ober	1	,	9 60
S	. SEX	6. COLOR OR RACE	7. MARI	RIED   NE	VER MARRIED		B. DATE OF BIRTH	1		9. AGE (In lost birth	years	-		IF UNDE	
	Female	White	WIDOW	ED X	DIVORCED		anuary	1,	1887	73	yrs.	Months	Days	Haurs	Min.
10	Oa. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	dane 10b.	KIND OF B	USINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Sto	te ar fareign (	country)		12. CI	TIZEN C	OF WHAT	COUNTRY
	Housewif			Own	Home		Mar	vlai	nd			υ	J. S	5 . A	
13	3. FATHER'S NAME						14. MOTHER'S	MAIDEN	NAME						
	James Go	ldsmith					Ida	Bac	den						
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	CURITY NO.	17. 17	FORMANT			ame s	Add	Tten	1		
T,	No	or yes, give wor or ourse or so	ir vice)			He	rry L.	Wat	tson-	io Samo	as	TOOI	1		
		TH [Enter anly ane co	use per li	ne for (a), (	b), and (c).]		. /	,					INT	ERVAL BE	TWEEN
		TH WAS CAUSED BY:		(1)	Mar	4 -	Lombo	rah					ON	SET AND	DEATH
	1120	DUE TO			01	1-1	1000000	,						- Fr	0
	Conditions, if an	which \	/	Toler	ins ele	ntie	PV A	1010	101-10				/	152	10
	gove rise to immediate OUE TO														
П	lying cause last.	ne under-													
1															
1		on of P	Incre		0.1.	1,	mall.t.	/						PERFO	RMED?
191	20a. ACCIDENT WA	S UNDERLYING []		-	INJURY OC	CURRED	), (Enter noture of	injury i	n Part I or Po	rt 11 of item 1	B.)			153	поП
CEOTIES ATION	OR CONTRIBUTING	CAUSE OF DEATH									it.				
			or 20d, II	NJURY OCC	URRED 2	Oe. PLA	CE OF INJURY	lame, fa	rm, 20f. (Cit	y or tawn)	-	(	Caunty)		(Stote)
TAN DICE.	Haur a.m.	19	While	k   Not w	vhile	foc	tary, street, office	bldg., e	etc.)				,,		(/
1,									100	2					
1	1	at I attended the	deceas	*		me_	. 19.50		62.						deceased
ŀ	alive on	09	_, 19_1	00-,-,	and Mat o	death	occurred at.	2-					he da		
ı	ACTUAL	18 NA/						1	AUDRESS	Street, city or	rown,	state	/	123	TE SIGNED
1	ACTUAL SIGNATURE	11/1 Jan	m	4		/	M.D	Spl	24.	jarcis	Var.	1119		101	3000
	PHYSICIAN'S BO	bert B.	Segg	cer.	M.D.									-/ .	
-	Ideater (13bet)														
	<ol> <li>BURIAL, CREMATION REMOVAL (Specify)</li> </ol>	10/5/60	iF.				CREMATORY	N/American		TION (City,	lawn, c	2.0		(State	•)
	urial					ıα	Cemete	V		ylor				and	
2:	Ritchie F		I Ho	ADDR		7/10	Md.	24o. RE	C'D 8Y REGIS	TRAR 24b.		TRAR'S SI			
	ITTOOTITO L	Bros .Fun!	r no	יוויס-טייי	hhai.	Mai	Tholo '	DATEO	CT 1 0 '6	0	and	hun S.	Than	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral directar, id 2 shauld be filed with may be retained by the haspital or attending physician.

TO FUNELLY DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 could be detached for use as the burial-transit permit. Then please Jemave carbon papers. Pages the registrar prior to burial, cremation, or remayal, and in any event within 72-hadrs, after death. VS A1S (4) 1SM 9/SS

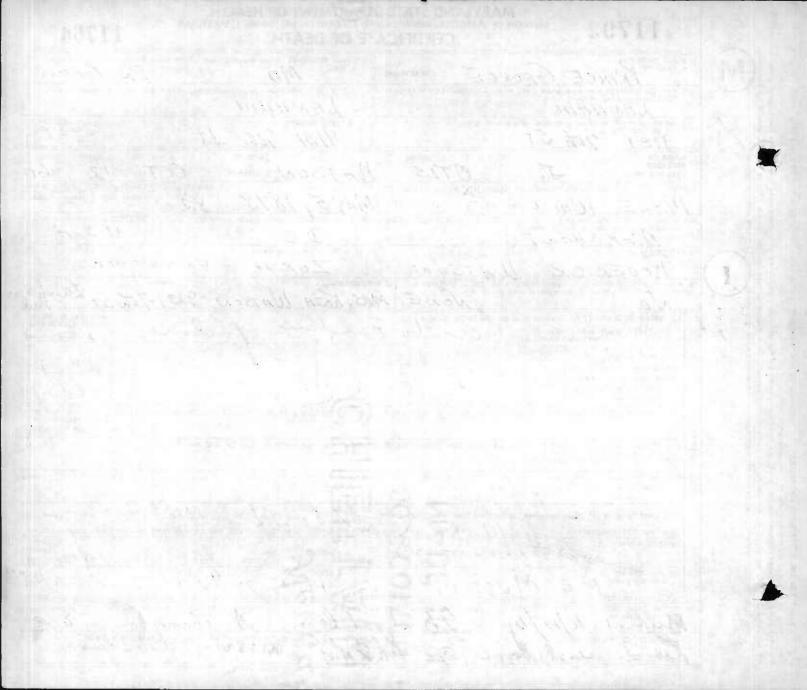
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	1	6	U	4

	1. [	o. COUNTY	ICE GFOR	MARYLAN	O STATE	ICE (Where deceased lived	b. COUNTY	ce before admission)
		RURAL and give ned	outside corporate limits, write (rest town)		c. CITY OR TOV	VN (If outside corporate li	mits, write RURAL and g	give nearest town)
	•	d. NAME OF HOSPITA OR INSTITUTION 9131	1 (If not in hospital, give street)	t oddress)	d. STREET ADD	ress / Tet L	<i>t</i> .	e. IS RESIDENCE ON A FARM? YES NO
	-	NAME OF DECEASED (Type or print)	J. First	OT15	MATSO	4. DATE OF DEATH	OCT.	Doy Yeor 12 1960
	S. S	MALE	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED [	B. DATE OF BIRTH	1878 9. AC	GE (In years IF UNDER birthdoy) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
		during most of working	N (Give kind of work done 10 ng life, even if retired)	o, KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE	E (State or foreign country)	12.CITI	ZEN OF WHAT COUNTRY?
1	13.	TODE A	eiex W	ATSON	14. MOTHER'S MA		NKNOC	UN
/		WAS DECEASED EVER		S. SOCIAL SECURITY NO. 1	MRS KOSA	Watson	9131-712	St Lankan
		PART I. DEAT	H [Enter only one couse per H WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	Cardio	~ far	lure	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if on gove rise to im couse (o), stating the lying couse lost.	y, which (b)	Cereb	al Th	Eden		2 days
0	CERTIFICATION	PART II. OTHI	R SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	ieterminal disease con	idition given in par	19. WAS AUTOPSY PERFORMED? YES NO
U		200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING   20b. D  CAUSE OF DEATH AEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of in	jury in Port I or Port II of	item 18.)	
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whi		e. PLACE OF INJURY (Hon foctory, street, office bl	ne, farm, dg., etc.)	wn) ((	County) (Stote)
		21. I certify that	(I) (this hospital) atte	11 / 1		1954, to		that (I) (we) last added stated obove.
		22o. SIGNATURE	78m	unce	M.D. ATTENDING PHYS.	MED. ST	AFF YS.	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	F.E. Mu	55 EV	22d. ADDRESS	10 74 50	me Ju	Amer Hell
	23a	BURIAL, CREMATION REMOVAL (Specify)	10/15/60	23c. NAME OF CEMETER	CON CREMATORY	23d LOCATION	City, town, or county)	(Stote)
	24.	FUNERAL DIRECTOR'S	recal How	ADDRESS 2 300 - 40	DC+1000	o. REC'D BY REGISTRAR OCT 1 3 60	25b. REGISTRAR'S SIG	GNATURE



V		4 4 30 43 63	MENT OF HEALTH—BALTIMORE, 18 R'S CERTIFICATE OF DEATH Reg. Dist. No.
	1.	PLACE OF DEATH C. COUNTYPRINCE GEORGES MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY PRINCE GEORGES
M		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  CHEVERLY  D.O.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RIVERDALE
099		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PRINCE GEORGES GENERAL HOSPITAL	d. STREET ADDRESS 5305 67th AVE.
	1	NAME OF First Middle DECEASED (Type or print) EDGAR EDGARD	WENDORF jr. 4. DATE Month 10 20 19 60
	5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	S. DATE OF BIRTH  5-22-29  9. AGE (in yeors  5-22-29  9. AGE (in yeors  Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done of the street of working life, even if retired)  DEAFTSMAN	DUSTRY 11. BIRTHPLACE (State or foreign country)  WISC.  U.S.A.
	13.	FATHER'S NAME EDGAR EDWARD WENDORF SR.	14. MOTHER'S MAIDEN NAME GTPMEL
I)	15. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1, no. er unknown) (If yes, give wor or dates of service) 1948–1952 388–24–3660	7. INFORMANT Address (WIFE) GRACE JUNE WENDORF 5305 57th ave. RIVE
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I have been conservation of the service of the serv
	ATION	Conditions, If any, which gave rise to immediate cause (a), stating the underlying couse last.  DUE TO  (b) // Partimodal.	La Cardio Vascular clasione
		CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B
0	CERTIFIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH.	D. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. p. m. 19 While at work at work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
		21. I certify that I took charge of the remains described a death resulted from: Natural causes , Accident ,	
		ACTUAL Doyfor Owalk	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
7		EXAMINER'S NAME (Type) DAYTON O WATKINS	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
Buri			
	23.	FUNERAL DIRECTOR'S SIGNATURE Gasch's Sons Hyattsville, Md.	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATEOCT 2 5 '60

CENTRICATE OF DEATH . I TOG	MEDICAL EXAMINATE C
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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water Daniel Street, Street, Street, and the same	
Parties alogail .50	

1743 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE 7910 Marlboro Pike b. COUNTY MARYLAND Prince Georges Co. Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Forestville NAMES OF THE STATE OF District Heights d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W 7910 Marlhoro Pike District Heights Medical Center NAME OF DECEASED 4. DATE Middle Month Day Yeor (Type or print) DEATH October 10th. 60 Maurice Wildhore 9. AGE (In years lost birthdoy)
69 yrs. Months Days Hours Min. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5 SEX B. DATE OF BIRTH March 17th, 1891 DIVORCED | Male WIDOWED | White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Metal Heater (Retired) TISA USNavy Yard Richmond. Va. 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Armstrong Frederick Stewart Wildbore 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknow Annie M. Wildbore. 7910 Marlboro Pike. Forestville None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) DICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Nat while of work of work 21. I certify that I attended the deceased fram June 14 , 19.60, to Oct. 10 , 19.60 that I last saw the deceased 19.60 , and that death occurred at 3:35 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. District Heights Medical Center SIGNATURE, PHYSICIAN'S 7200 Marlboro Pike, Dist. Heights, Md. Sidney W. Lowry. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington National Cem. 14/1960 Arlington. Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 240. RECOPPEY REGISTRAR 24b. REGISTRAR'S SIGNATURE W.W. Chambers Co. 517--11th St.S.E. Wash.DC arthur S. House DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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rangers and a right as the exact the use filming of all the file the things in 3-14-011-11-1 district cinus relical Centers Layoth LT 0 16 1. MARKET CALL TO SELECT THE TOTAL ASSESSMENT OF THE At Locally the pure layer of the Carlotte March 14 and the Court of th Mark Mark and allowing a reason was and 2.22 few terms and the control of the con pirto moine similareniziate view serious Pike, Diet. Reignie, ad. March Land Control of the Control of

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony deloy is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you have 10 to burial, to FUN much DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the register. Page 10 burial, cremation, or removal. VS. A15ME(5) 5M 9/55

4	ems 20821 FilmARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
		S CERTIFICATE OF DEATH Reg. Dist. No. 11769
	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	Prince Georges MARYLAND	Maryland b. COUNTY Frince Geroges
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
7	Cheverly 7 days	Upper Marlboro
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
	Prince Georges General Hos pital	Rt. 2
1	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Johney D	Williams October 13 19 60
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	Male WIDOWED DIVORCED	27 Jan 1927 33 yrs. Months Days Hours Min.
VI	Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	TRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Loren hand loren	Lennessee USA
1	3. ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Tib Williams	1 see her a m
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12.	INFORMANT Address
	In yes, give wor or colles or service)	Med John A William (ahave)
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: Massive Pulmonary	embolism white under anesthesia
	830 X DUE TO	ONDOGERAL WAREN COLORS
V		or surgical repair of fractured .
	gave rise to immediate cause	eft femur
	(a), stating the underlying	s secondary to Automobile accident
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY
		PERFORMED? YES X NO
	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INTERLY OCCURRED	Enter nature of injury in Part I or Part II of item 18. Truck backed over
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.	Occident subject)
_		CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
	Hour a.m. While Not while	lary, street, affice bldg., etc.)
	21. I certify that I took charge of the remains described ab	
	deoth resulted from: Natural causes, Accident A, Su	icide [], Homicide [], Undetermined cause [].
	lames of a Colin to	DATE SIGNED
1	SIGNATURE CONTROL OF C	M,D. CHIEF MEDICAL EXAMINER
1	EXAMINER'S DO 1/ D 1/ NTH	ASSISTANT MEDICAL EXAMINER
-	NAME (Type) DAYTON OWAIN,	DEBUTY MEDICAL EXAMINER   0-17 -
1	23. BURIAL, CREMATION, 22b. DATE THEREOF, REGIOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial 10/17/60 Langshers	L'Cem. Surgamentle lenn,
1	3. FUNERAL DIRECTOR'S SIGNATORE ADDRESS	240. REC'D BY REGISTRAT 24b. REGISTRAR'S SIGNATURE
	Ne Witt Navaldran Lawrel	Med DATET 1 9 '60 Cylling & Knowles
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Damping Land Land Company and Company

	- 4	1		MARYLA	ND STATE DEPART	MENT OF	HEALTH-BA	LTIMORE, 1	8	
ian,	Y6		11739	) MED	ICAL EXAMINE	R'S CERT	FICATE OF	DEATH	Reg. Dist. No	.770
crematian		1.	PLACE OF BEATH	Gen	Md MARYL		ESIDENCE (Where dece Maryland			fore admission) George 's
ra buriar	M		o. CITY OR TOWN III autice and give nearest town)	de corporate limits, write RUI	c. LENGTH OF STAY IN	LIb c. CITY C	Tuxedo, Ma		URAL ond give n	earest town)
DI JOH	OCK	L	Prince	OR INSTITUTION UP ING	y in hospital, give street address)	/ 11 //	ADDRESS 5 Beacher	St		e. IS RESIDENCE ON A FARM? YES NO
			NAME OF DECEASED (Type or print)	First Ennis	Middle B	Woodwar	ost 4. DATE OF DEATH	Oct Ø	1960/	Year 10,19 60
		5.			MARRIED NEVER MARRIED  DOWED DIVORCED	T	тн 3, 1889	Land Minth day 3	Months Days	Hours Min.
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		100	usual occupation (during most of working life in the control of th	even if retired)	U S Governme		PLACE (Stote or foreign .rginia	country)	U S A	F WHAT COUNTRY
3		13.	FATHER'S NAME Samuel Wo	oodward		14. MOTHER	S MAIDEN NAME Caroline	Bolen		31 33
3	( )		WAS DECEASED EVER IN			17. INFORMANT Bessie F	Woodward	Address	Marylar	nd.
t permit.			PART I. DEATH W		or line for (o), (b), and (c).]	1 Occ	14510X	1	INTER	RVAL BETWEEN ET AND DEATH
burial-transit			Conditions, if any, gove rise to immediate (o), stoting the under course fost.	couse	DISCASE	levo	tie t	tears	Tyc	dus.
used as a		CATION		(c)	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISEA	SE CONDITION GIVE		9. WAS AUTOPSY PERFORMED? YES NO 1
		CERTIFIC	20g. EXTERNAL CAUSE V PRIMARY   or CONTRIE CAUSE OF DEATH.	WAS BUTING   20b. D	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Part I or Part	1 of item 18.)		
		MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e While Nat while of work of work	PLACE OF INJURY foctory, street, offi	(Home, form, ce bldg., etc.) 20f. (Ci	ty or town)	(County)	(Stote)
280					the remains described			Inspection 🖳		, and find the
DIRECTO	2		ACTUAL SIGNATURE	yton O	walkin	M.D. CHIEF	MEDICAL EXAMINER	)	use	DATE SIGNED
NEAL			EXAMINER'S NAME (Type)	SYTON	OWATE	1 NSDEPUT	ANT MEDICAL EXAMINER	8 /	0-10	)-leo
TO FU	9	220	REMOVAL (Specify)	Oct 13, 19				ATION (City, town, or mar Manor		(Stote)
(5)	63	23.	F'. Gasch's		ADDRESS ttsville Md.		DATE OCT 1 3	TRAR 24b. REGIST	RAR'S SIGNATUR	-

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH	Saamaa Aau	ee i	MARYLAND	a. STATE			b. COUNTY	an: Reside			ion)
		Georges Countries of the control of the countries of the		c. LENGTH OF STAY IN 16			outside corpor	rate limits, write R	URAL ond			)
	Cheverly			days 1 hr.1			nwood	Park, Mo	1.	3/		
	d. NAME OF HOSPI' OR INSTITUTION	TAL (If nat in hospital, g	ive street	address)	d. STREET	DDRESS					e. IS RES	FARM?
	Prince Ge	orges Gener	ral H	Hospital	5030 1	lye St	4			/		NO 🗆
	NAME OF DECEASED (Type ar print)	Ell:		Middle	Wrigh		4. DATE OF DEATH	Octobe		20	-/	fear 19 60
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRT	Н	0.00	9. AGE (In years lost birthday)			R IF UNDE	
	Female	Colored	WIDOW	ED DIVORCED	6-25-6	50		yrs.	Months	Days	Hours	Min.
0a	. USUAL OCCUPATION	ON (Give kind of work of	ione 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHP	ACE (State	ar fareign co	ountry)	12.CI	TIZEN O	F WHAT C	OUNTRY?
	during most af war	king life, even if retired)			02	7	M	1 2	77	C A		
2	FATHER'S NAME				14. MOTHER'S		Mary	land	10.	.S.A		
٥.	I WILLY 2 IAWAE											
						ie Ma	e Wrig					
		R IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO. 17.	NFORMANT			Add	ress			
_												
	18. CAUSE OF DEA	ATH [Enter anly ane co	use per li	ine far (a), (b), and (c).]	1	,				INI	SET AND	DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, /	lealnul	Whe	2						0 271111
	171	DUE TO										
	Candisian is a	40										
	Conditions, if ony, which gove rise to immediate (b)											
	couse (o), stoting											
_	lying couse last.	, 10	-									
0	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	INAL DISEASI	E CONDITION GIV	/EN IN PA	RT 1(0)	19. WAS A	RMED?
CAI		194	10	a adres	rale	in					YES	NO 🗌
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH	206. DES	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature o	of injury in	Part I ar Part	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yes	or 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY	Hame, farn	n, 20f. (City	or town)		(County	)	(Stote)
9	Hour o.m.	19	While	Not while for	actary, street, offic	e bldg., etc	c.)					
Σ	p. m.	***			10. 10		-	4 -				
	21. I certify the			ded the deceased fram.	10-16			0-20				
	saw the decea	sed alive an 10	-19	19 <b>60</b> , and that	death accurre	d att: 4	50P from	the causes ar	nd an th	ne date	e stated	abave.
	22a. SIGNATURE	10-				1					221	O IGNED
	ins	Jansa	- 7	(1)	M.D. PHYS.	G N W	RECTOR	STAFF PHYS.		10	-21-6	GIGINED
	22c. PHYSICIAN'S				22d. ADDR	Ess 7	103 Va	rnum St.				
	NAME (Type)	Dr. Milos	A .	Jansa, M.D.				r Hills,	Md.			
13.	BURIAL, CREMATIC			23c. NAME OF CEMETERY	OR CREMATORY		1234 IOCA1	TION (City, town,	or county		(State	
C	removal (Specify	11/2/60	(	Prince George	's Gener	al Ho		, Chever	ly, A	Mary	land	0)
24.	FUNDE AL DIRECTOR	SIGNATURE		Harapyessw. Penn	, Jr.		D BY REGIST		STRAR'S S	IGNATU	JRE	
-	Mha	10 cm	-V	Administrator		DATE	HOV 4	'60	arthur	8. 1	Laure	
_	June 1	Y	-									
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